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Preparing for Public Health Nursing

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APART from postgraduate study or experience, the evolution of the public health nurse is dependent upon certain factors and influences associated with her professional training in hospital. Consequently, in discussing her in relation to her work, we must necessarily review her preparation because her ultimate success depends upon her educational and professional background, her personality, her ability to adjust herself to new environment and her willingness to undergo a further period of apprenticeship in which initiative, self-discipline and an understanding of human behavior are invaluable, and a desire to continuously seek new light, essential.

Nursing, as taught at present, is usually a one-sided or specialized training. True, it is a valuable experience for any woman to have, but apart from certain fundamental principles, it may be taught and experienced as adapted to the particular needs of a single hospital, served by one school of nursing, and without due regard to the community's need or ability to absorb her when she graduates. The character of a student's training depends largely on the professional leadership given in her school, the teaching facilities, the method of selection of students, the number of patients cared for, the types of service provided by the institution and the conditions under which the student carries on her daily work. From continuous contact with the emerging graduate, in peace and in war, one finds no reason to lose faith in her and her possibilities despite the occasional criticism of a physician, layman, or member of her own profession from whom is sometimes echoed mournfully: "In our day ....."

We need, rather than to be too critical of the student, to seek information further afield. Too much may have been taken for granted as regards her primary motive in choosing the nursing profession. Miss Van Blarcom has made some suggestions as to why women decide to become nurses: "They may regard nursing as a valuable preparation for meeting the general demands of life or as an inexpensive preparation for earning a living; it may offer them the only oppor-

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tunity to get away from an uncongenial home or seem to offer a round of romantic possibilities; *It may be the first step in a well thought out plan for a life of service.*"

All too often, in discussing nurses and nursing, only the service angle is dwelt upon, nor is sufficient consideration given to associated factors. The work (keen as she may be about it) is demanding, the hours are long and frequently irregular; the average individual must earn her own living, making provision for illness and old age—stern reality; she may have to assist in supporting her family; her salary may be inadequate, allowing little opportunity for saving; employment may be periodic. Has she not some justification for aspiring to live a normal life?

Again, a student nurse may survive three years of training without becoming permeated with the true spirit of nursing. Nor may it be altogether her fault; she may have embarked on her career with zeal, been disappointed or disillusioned, overworked, improperly fed, or broken down in health. She may prove temperamentally unfit for nursing, may have been carried through and graduated and yet not be considered eligible for employment in her own hospital nor for recommendation to other agencies. Surely this is unfair to her prospective patients and to her.

Nevertheless it is amazing how frequently the graduate nurse makes good in whatever work she undertakes. It speaks well for her training and adaptability and for those responsible for her instruction. As in any type of work, the character of the individual, her early home environment, educational equipment, personality qualifications, and the type of instruction and leadership given in her school, are of considerable moment. Possibly it is because, as Dr. Esther Richards says:

As no other undergraduate, the pupil nurse has an opportunity of applying her theory to practice during school days, and to test her abilities to function in her profession without waiting until she graduates. After all, we must never forget that the nurse's contribution to the art of healing is *first and foremost the giving of nursing care to the patient,* and proficiency in acquiring not only excellence in utility techniques, but in subtle aspects of personal contact between nurse and patient. These are matters which are dependent largely upon practice and habit training, and a practice that must amount to drill.

Institutional work and private duty are the most natural fields to enter, because they require fewer adjustments. Hospital administrators select those they can place, and who would seem to have particular aptitude for institutional work. The more venturesome, who are allured by pastures new, frequently decide to take up public health nursing. One might mention here the need for controlled enthusiasm on entering the newer field. To quote Miss Elizabeth Fox:

After being trained to take orders in the hospital, the freedom she finds in public health nursing makes the nurse's sense of importance go to her head. She uses on the patient the methods that have been used on her and orders him to do this and that with a considerable air of omniscience and authority, without stopping to explain. In the hospital, when the patient is in bed and unable to rebel, this method may seem to work, but not in the home where the patient does not have to obey. Here, whatever is done has to have the approval of the family, from the dog up. The visiting nurse who has not learned the technic of making friends with the watch-dog never even gets inside the door of many of her homes.

There are many nurses in executive and supervisory positions who know the latest scientific methods of doing public health nursing but they haven't learned the art of working with other people. They are now dealing with physicians, social workers, teachers etc., whose co-operation they have

Gift of Miss McIver
School of Education
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to win by the most delicate arts of understanding sympathy and persuasion, not by the authority of rank.

Granted, then, that the public health organization seeks the well recommended graduate with the professional, educational and personal qualifications desirable, it is unreasonable to expect to maintain a complete staff with the maximum of desirable qualifications. The administrator who admits having no place for an average nurse is not exercising good judgment but is merely failing to recognize the limitations of most of us. Must there not be followers as well as leaders? A conscientious nurse who possesses good judgment and who is a dependable and understanding staff member is the very backbone of her organization and may succeed in accomplishing more with a given family or patient than a bright and shining light who is lacking in some of the more human qualities.

How are we going to meet present requirements? By facing reality and by readiness to experiment or to modify present plans which have hitherto proved to be inadequate. In *The Proposed Curriculum for Schools of Nursing in Canada* this paragraph appears:

> Conformity to routine disciplinary policies has characterized nursing from the beginning, and particular emphasis has been placed upon the development of technical nursing skills. While such development is a very important element in the education of the nurse, it is not sufficient in itself to prepare the present day nurse to meet the growing demands for diversified nursing service in the modern community. This statement implies that the nurse should be a thinking as well as a doing person. Nursing education should, therefore, provide such opportunities for self-activity in problem-solving situations as will develop initiative, resourcefulness, good judgment, self-confidence and independence.

Little has been done by public health agencies to establish definite or uniform requirements for employment. We have nothing comparable, either nationally or provincially to the Health Visitor's examination in Britain. We were disposed to believe, some years ago, that the public health nursing courses as established in some Canadian Universities might prove to be the solution of the problem of equipping and providing public health nurses. But, because of the educational limitations of applicants and for economic reasons, this qualification could not be universally demanded. More and more is university postgraduate training becoming an obligatory qualification for supervisors, the nurse working alone and for all those who are eager to prepare themselves more effectively to carry on their work and to ready for advancement. The university departments, and the able women directing them during the initial (and we trust the most difficult) period of their existence, have made a valuable contribution to the cause of nursing education in Canada. There are however supplementary means of integrating preventive and curative services. These need to be further developed; training schools are not at present beginning to utilize the facilities available in their own institutions for instilling the preventive aspect of nursing.

For a number of years, plans for affiliation providing experience, under supervision, for undergraduate nurses in their senior year have been worked out in co-operation with local health organizations. This in turn indicates the necessity of competent educational direction and supervision in the organization or department concerned. Unfortunately, under present conditions, affiliates must be selective and the number limited. But when affiliation cannot be arranged, an alternative programme can frequently be worked out. The development of the School of Nursing of the University of Toronto, is indicative of progress.

The introduction of experienced and well qualified public health nurses as institutional head nurses and supervisors would contribute toward closer integration. The exchange of supervisors and senior nurses between hospitals and local health organizations has great possibilities. Inter-representation on boards, and indeed on faculties of department directors and hospital administrators would undoubtedly be extremely beneficial.

The best possible nursing care of the patient must today include the preventive angle, with due regard to family and community aspects of disease. It appears that the fully qualified nurse is the best person to undertake this task. We may have made some mistakes in emphasis in the past but we are now convinced that utilization and integration of all available resources is indicated and feasible, although conditions and methods of adapting facilities may change. The medical profession, the hospitals and the public health fraternity must act in unison and must assume much greater responsibility with respect to educating the public.

We need to be ready to face changes, not just to anticipate them. Emphasis on health education must begin with the individual nurse and early in her training. Already this change of emphasis has been given some consideration in the revised curriculum and by those fundamentally interested in nursing education. It is acknowledged that the student's interests have not been fully appreciated and safeguarded. There needs to be more careful selection of students with periodic review of their qualifications and adaptability as increased responsibility is assumed. Apart from postgraduate work and the advantage to be derived from affiliation and experience on a supervised staff, training schools would benefit by the introduction of experienced public health instructors who would not only assist in the associating of the curative and preventive aspects but in linking up the inside and outside services.

Were the positive angle to permeate instruction throughout training, every nurse would have more within herself—consequently more to give and greater choice of employment. She could be more readily assimilated by health organizations. There would be greater interchange with the private duty group. Further postgraduate experience, and on a more advanced scale, would be attainable for those wishing to specialize in public health work. The type of registry might change. The practical nurse could be placed under proper supervision.

Any and every graduate should have some conception of local health facilities and should know how to use them to the best possible advantage. More and more institutions and organizations are working out plans which will undoubtedly tend towards the provision of better nursing service to the public. Most nurses are happy in public health work, but there needs to be greater correlation of all nursing services to promote united effort. The problem of instituting certain changes is complicated because of our lack of financial backing, fear, and instability. Publicity is foreign to our general make-up, yet we need to cultivate it if we are to march with the times.

While postgraduate public health training is of primary importance, other contributing factors to a more balanced training and a better understanding of the existing health problems are: adaptation of teaching in hospital; affiliation, or later staff education experience under supervision, with a well supervised agency; interchange of staff members between institutions and health organizations; provision of supervisors with broader experience and teaching ability; professional representation on boards and faculties; *greater pride in our profession, its achievements and possibilities.*

The Road to Antigonish

THE first time that the word "Antigonish" fell upon our listening ear was in Halifax more than two years ago. The Registered Nurses Association of Nova Scotia was holding an institute and, in the back row of the amphitheatre, were two black-robed and bright-eyed nuns who asked some rather searching questions. When the lively discussion was ended, we asked to what community they belonged. It seemed that they represented the Congregation of the Sisters of St. Martha and that their mother house and hospital were in Antigonish, Nova Scotia. Later on we learned that their School of Nursing is affiliated with St. Francis Xavier University, a seat of learning about which one hears a good deal whenever adult education and rural economics are under consideration.

Last autumn there came an opportunity to visit Cape Breton and to take part in yet another institute, arranged this time by the Cape Breton branch of the Provincial Association. We shuttled back and forth between Sydney and Glace Bay and seldom have we encountered such alert and insatiable audiences. There are several good schools of nursing in the district and there are branches of the Victorian Order of Nurses. They were all there, and so were the Sisters of several communities including that of Antigonish.

To our great joy, the Sisters of St. Martha invited us to take the road to Antigonish on our homeward way from Cape Breton and we thus has an opportunity to spy out the land for ourselves.

Cape Breton has been hard hit during the last few years but there are signs of industrial revival and the spirit of the people is unbroken. Even prior to the depression the country had endured severe hardships. Fishing, agriculture, mining, all had suffered from profound economic maladjustment which had brought misery, want and ignorance in its train. In 1930, from its high hill, in Antigonish, St. Francis Xavier University sallied forth to combat these evils and is now carrying on a social and educational experiment which is attracting attention in many parts of the world. Fortunately for us, the director of extension activities, Dr. Michael Coady, kindly found time for a conference so that we beheld, in action, a leading member of the group of dynamic personalities which gives the movement its force and fire.

Space will not permit of more than a mere listing of the activities which are carried *by the rural communities themselves* under the inspiring leadership of "St. Effex." Here are a few of them:

Twenty-three rural credit unions have been established from which small loans can be obtained at a very low rate of interest. These funds are drawn from the tiny savings of the people and are administered by their own representatives.

Co-operative marketing schemes have been organized by means of which fish, and farm produce can be sold in an orderly fashion. The days when fishermen threw their catch back into the sea, because there was no sale for it, are nearly over. Twelve co-operative lobster canning factories are owned and operated by the fishermen themselves. The profits belong to them.

Eight hundred study clubs have been formed by groups of men and women, usually separately but in some instances working together.

The direction of the women's clubs is carried on by Sister Mary Michael, a member of the Congregation of St. Martha, and a graduate of the University who travels about giving instructions in

St. Martha's Hospital, Antigonish

the elements of diet, hygiene and sanitation. An effort is being made to revive the beautiful handicrafts which were once flourishing. Sister Mary Michael is an expert social service worker but, if you just want to know about weaving, all you have to do is to ask her. She knows. It would be a mistake to suppose that all leadership is directly assumed by the faculty of the University and by the priesthood. Although the rural population is predominantly Scottish and Catholic there are also a fair number of stiff-necked adherents to the United Church of Canada. They, too, "have the Gaelic" —and the courage of their religious convictions. Yet the clergy of this faith work side by side with the Catholic parish priests in the interest of the study groups and credit unions. Could there be a better proof of the social value of this movement, which even transcends religious differences?

Public health nurses, who have seen the study groups in action, are much impressed by the quality of leadership given by the younger men and women, nearly all of whom belong to the working class. Many of these young people have attended the intensive courses offered by the University in the elements of successful leadership.

But what has all this to do with nursing and nursing education? Well, there happens to be a small but up-and-coming School of Nursing right in the middle of this social experiment. Though directed by the Sisters of St. Martha it is related to the University and its students are eligible for the degree of Bachelor of Science in Nursing provided that they meet fairly stiff academic requirements.

The Reverend Mother Ignatius, who is at the head of the Congregation of St. Martha, is herself a nurse and a very able leader. Both she and the Superior of the Hospital are going forward with great caution because they realize the importance of establishing sound field work in public health nursing as well as in nursing practice. One or two students have already completed the course and several promising young women have entered upon it. To what extent

the course may eventually be related to rural social service as well as to public health remains to be seen. That the course has great potentialities cannot be denied.

The landscape in which the University, the School of Nursing and the Mother House of the Congregation have their setting is one of great beauty. The low hills, the quiet valleys, the long arm of the sea which shines like a silver ribbon at dawn and sunset combine to make an unforgettable picture. Early in the morning of All Saints Day, we climbed the hill to the chapel of the Mother House—Bethany as they call it. The clear high voices of the novices, in their gauzy black veils, chanted the responses and the rising sun shone on the figure of the Holy Child above the altar. There was no luxury, no richly embroidered vestments, no blaze of light. Everything was as simple as Martha herself—she who, long ago, was cumbered with much serving.

In the hospital the same air of simplicity prevails, but excellent equipment is already available and slowly but surely the hospital buildings are being completely modernized. Nor has the teaching of the nurses been forgotten—witness "The house that Sister Mary Peter built." Here is the Superior's own description of it:

> We smile at the thought of making New Year's resolutions because they are so often broken; but even the making of them is a sign of life and the spirit of progress; and not to make any new resolutions is a symptom of moral stagnation.
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> We all smiled when our Sister Mary Peter announced that a suitable demonstration, laboratory and dietetic section for her students was necessary, and have it she must. She realized its need and, with the courage of the Spartan mother fighting for her young, she went forth to find a place and lay a corner stone. Through the crowded nurses' residence she wended her way, through the still more crowded cottage—not a space. She tore down, in imagination, partitions here and partitions there, but only to make a bad situation worse; possibilities

A Cape Breton Landscape.

were weighed pro and con, still not a break in the clouds. Finally her determined footsteps (and they can be determined) led her deep into the basement known in hospital history as "Campbell's workshop." Here she stopped—perhaps it was God's pure sunlight streaming in through the six windows that attracted her. A casual observer would only have seen a carpenter's workshop, rather a combination of workshop, paintshop and general resting place for all derelict furniture, but Sister saw a room, well lighted and well heated with space sufficient to provide four sections. She visualized walls done over, new floor laid, demonstration beds and bedside tables in, dietetic and laboratory equipment installed—the decision was made. Did everyone laugh when she made known the location? Oh yes! Did we all hold up our hands in horror when she conducted the dignified inspector of the American College of Surgeons down into the depths and showed him her house, then only in the first stages of construction? Yes, we did, but the inspector had vision too, and his were words of praise and encouragement, so Sister Mary Peter purred, a nice, quiet little purr. That is the story of the new demonstration room, and when our Sisters from the fields afar come home we shall be happy to show them the result of a resolution put into effect, and answering the description given below:

Our miniature laboratory is a room twenty-nine by twenty-six feet, and is divided into four units. This enables each department to functionate separately thus insuring complete seclusion and greater efficiency. Of these rooms the Western section is given to practical nursing; the northern to dietetics; the southern to bacteriology, and the eastern to chemistry and medicine. All units are equipped and the following Sisters are the chief custodians: Sister M. Jovita: practical nursing; Sister M. Marguerita: medicine and chemistry; Sister M. Ursula: bacteriology; Sister M. Peter dietetics.

As we stood with Sister Mary Peter herself in the house she had built we knew her to be one of the noble company of nurses who, the world over, are trying to find a more excellent way.

Do we hear voices chiding us for being carried away by subtle sectarian propaganda and subversive social ideas? If so, we are not unduly alarmed. We are in good company. Here is what the Carnegie Foundation has to say of "St. Effex:" "St. Francis Xavier has continued to the limits of its ability to fulfill its educational obligations to the constituency, over which it has great hold, not only by the sound regular work done on the campus, but by some of the most original and effective extramural work which has come to the attention of the Corporation."

The officers of the Carnegie Foundation are hard-headed and merciless critics, not given to facile praise. The truth is, that whether we know it or not, we have right here in Canada a working experiment in adult rural education which is comparable to the famous co-operatives in Sweden and the Folk Schools in Denmark. And nursing is right in the middle of it, too.

E. J.

THE EDITOR'S DESK

The Year Begins

It is with genuine satisfaction that we review the contents of this issue of the *Journal*. On many of its pages definite proof will be found that the profession of nursing in Canada is expressing itself in terms of action. Turn to *Notes from the National Office* where you will find a summary of the activities which are going on in the various Provinces. Consider for a moment how much hard work is required on the part of the Executive Secretary of the Canadian Nurses Association in order that the Congress Tours may be effectively and profitably managed. Then look at the departments in the *Journal* which represent the various national Sections. Under the caption of private duty you will find an open letter from the chairman of that Section, Miss Jean L. Church, in which she outlines some objectives for the coming two years. Miss Marion Lindeburgh presents a similar statement on behalf of the Section of Nursing Education, and our leading article presents the views of Miss Elizabeth Smellie who, perhaps better than anyone else in Canada, knows what is expected of public health nurses.

Apart from these major considerations, there is other evidence that we have struck our tents and are on the march. Read Miss Baker's vivid description of the success of the eight-hour day for private duty nurses in London, Ontario. Then take a look at Miss M. J. Leslie's account of the same plan in Nelson, British Columbia. For long and weary years, the relationship of professional nurses to subsidiary nursing personnel has been a thorny and contentious topic. Now we find that the new Bureau in Montreal has grasped the nettle, and is doing something about it.

And here is another interesting experiment. Not so long ago, the idea of a public health nurse becoming a member of the teaching staff of a School of Nursing conducted by a hospital would have seemed strange to many of us. The School for Nurses of the Montreal General Hospital has just taken that forward step which, in time, will lead to the integration of the principles of public health in the undergraduate course given in this School.

At the risk of being told that we are talking too much about Montreal, we must now point out the latest instance of the fidelity and courage displayed by nurses in their struggle for education. Read "The door is kept open." Is this not proof, if any were needed, that nurses are prepared to justify the faith which is in them by self-denial and effort of the sternest kind? Cast an eye over "Coming Events." Here in Saskatchewan is yet another of the refresher courses which have proved such a source of inspiration all over the country. Similar refresher courses have been held in such widely separated centres as Calgary, Sydney, Toronto, Saint John and London. All have been attended by busy women, eager to learn, and willing to share the knowledge they already possess.

Case Study—New Style

Your attention is drawn to an article entitled "Helping Marjory to get well." At the time this was written, Miss Hanson was a student nurse in the School of Nursing of St. Paul's Hospital, Saskatoon. It was submitted to the *Jour-*

nal as a "case study"—but how refreshingly different it is to the stilted documents which sometimes bear that honorable name. This is a simple and vivid narrative concerning a patient (not a "case") in which the writer was obviously much interested. It is not cluttered with long excerpts from laboratory findings, but deals directly with *the art and science of nursing*. The *Journal* could use more "case studies" like this. Why not try to write one?

Cosmetic Surgery

A ribald friend of ours, on being shown our new typography, said: "*The Canadian Nurse* has had her face lifted." At first we were a little afraid to look at ourselves in the glass. But now we are rather proud of our reflection.

Correspondence

WHAT PRICE BRAINS?

I read with interest Dr. MacLean's article: "Nurses—What next?" because, although I have been in nursing for more years than I care to mention, I have yet to meet a doctor who will admit the importance of the need of education in nursing. Nevertheless, if we are to teach the technical skills which Dr. MacLean admits are a necessary part of a modern nurse's training, then we must have as students young women with sufficient academic training to understand what we are talking about—students, who after a reasonable amount of help, can read and understand their texts and have sufficient intelligence to apply that knowledge.

Dr. MacLean's idea of curtailing the curriculum might be reasonable enough if our young women did not require so much teaching. But when a doctor comes to teach a class in materia medica he complains that the students have not sufficient knowledge of physiology to understand what he is talking about. The teacher of physiology claims that the student's meagre knowledge of chemistry makes it practically impossible to give her a working knowledge of physiology, and the practical instructor contends that she has not enough knowledge of the basic sciences to understand the significance of the procedures which she is expected to carry out. In other words she is not safe for the patient!

The real truth is that the student of today is a raw recruit in the front line trenches. The chances are that she has never made a bed in her life before entering the hospital. She has been rushed through high-school and has passed her senior matriculation before she can construct a simple declarative sentence. Listening to her racy speech one would think she had never had a day's schooling, and the pity of it all is that nobody cares. We must admit that in all probability there are other educational institutions besides the hospital which have failed to stress the practical side of learning.

The average high-school girl cannot work on the wards seven or eight hours out of the twenty-four and carry on a university course at the same time. She must come

with the academic training and the requisite amount of intelligence to enable her to get her theory with the minimum amount of time spent in study. True, we have not yet put "Appreciation of Art," or "Ping Pong" in the nursing curriculum, but we have put in chemistry, which should be altogether unnecessary when most of our students have junior, and many of them senior matriculation. And we may yet have to add English composition, and spelling. Then, when she graduates, along will come the doctor again and claim that the whole trouble is that she is over-educated. Stop teaching so much theory and the problem is solved. The remedy for ignorance is more ignorance. The old story about education being bad for a woman.

If we reduce nursing education to the dead level of mediocrity the day is not far distant when care of the sick as a career will not appeal to the woman of high ideals and intellectual ability. If nursing properly belongs to those who are strong in the limbs and weak in the head, then by all means let them have it. Let us find our work in other fields where we shall find some challenge to our intellect and some appeal to our souls.

GEORGINA E. THOMPSON,
Winnipeg.

FOOTNOTE ON EDUCATION

The following letter was recently addressed to the superintendent of nurses in a large Canadian hospital:

Dear Miss,

Will you tell the nurse when she is washing Minnie's ears to put a little oil in Minnie's ears with her small finger. Olive oil or lard just warm she is part deaf you will notice. The oil may bring back her hearing. Night and morning for three days then stop. Hot flannel or woollen cloth heated with an iron hold on the forehead and temples until cold repeat. Hold hot cloth on feet and tops of toes and hot water bottle between the legs on the bladder will bring a patient to their senses and understanding. *I know you and your staff of nurses has not a first class education,* from

A RELATIVE

VICTORIAN ORDER ACTIVITIES

A conference for the nurses in the branches of the Victorian Order in Eastern Ontario was held in the Well Baby Centre, Kingston, recently. The following centres were represented: Whitby, Oshawa, Trenton, Belleville, Napanee, Kingston, Brockville, Cornwall, Carleton Place, Arnprior, Braeside and Pembroke. Demonstrations of nursing procedures, including bag technique, a surgical dressing and postpartum care were given by Miss Catherine Lemon and Miss Jean Smith. Many points in connection with technique were discussed freely. Equipment for the demonstrations was generously loaned by the School of Nursing of the Kingston General Hospital. The nurses enjoyed the privilege of hearing the Chief Superintendent speak at luncheon and a vote of thanks to Miss Smellie was moved by Miss May MacMillan. Three interesting papers were given as follows: "Interpreting your Service to your Community," by Miss Bessie Soutar; "Teaching the Family to help Themselves," by Miss Catherine Haslam; "The Conduct of Clinics," by Miss Mary Ross. The nurses expressed appreciation of the opportunity of meeting in conference to discuss their work and to observe demonstration of accepted routines. Miss Lillian Lawder moved a vote of thanks to the Committees for their interest in staff education as evinced by the fact that every branch in the district was represented at the conference. At the close of the session the nurses were invited to a delightful tea at the Kingston General Hospital.

Helping Marjory to get well

ALICE HANSON
St. Paul's Hospital, Saskatoon, Sask.

MARJORY, a well developed child of fourteen, robust and ruddy-cheeked from open air life on the farm, is the eldest in a family of five children whose ages range from fourteen to seven years. She became the guardian of her younger brothers and sisters at the age of nine when her mother died. Her father was not financially able to employ a maid so that she and her father cared for the children as best they knew how. The child assumed the responsibilities of "mother" with a surprisingly mature sense of judgment for her years. Her refined English manner was much in her favour and she appeared an unselfish girl, her thoughts at all times dwelling upon the children and her father.

How It Happened

Marjory arrived at school early on a cool day in the Fall. The classroom was chilly and as the janitor had not yet arrived, she set about to kindle the fire. She saw, nearby, a can with a blue label and border, and taking for granted that the vessel contained coal oil, poured some on the fire; the oil was gasoline and exploded. She lost consciousness almost immediately and her unprotected body, face, hands, and lower extremities, exposed to this intense heat, flame and air mixed with gaseous vapor, were severely burned. A neighbour, noticing the flame, came upon this pitiful scene and rushed Marjory to a nurse for first aid.

First Aid

Olive oil was applied for the first twenty-four hours, picric acid was then applied and later tannic acid was sprayed until a good tan was produced. The use of oil should really be avoided if the burn is extensive, as it must be removed before tannic acid or wax can be used successfully.

Shock is present in nearly all burns and depends more upon the extent and location than upon the depth of the burn. An extensive superficial burn is much more serious than a deep one of limited area. Shock is prevented by rest, quietness, warmth, stimulants, relief of pain and immediate attention to the affected areas. Articles of clothing must be removed with the greatest of care; always cut them, first soaking the part thoroughly with peroxide of hydrogen in order to loosen dried secretions quickly, before attempting to remove. See that the wound is clean and free from charred pieces of material. Remove the clothing gradually, dressing each part as exposed, without at any time exposing a very large area as the nerve endings in the injured area are very sensitive.

This child remained unconscious and could not be aroused while these treatments were being carried out, thus it follows that only the physical being received attention, whereas in the majority of burn cases the mental attitude must be cared for as well.

In Hospital

On the thirteenth day Marjory was transferred to our hospital so that she could receive the advantages of good nursing care and many appliances which would promote healing and relieve her suffering, such as cradles, light treatments and aseptic dressings. Her temperature was fairly high and showed resistance against the absorbed toxins. There was excruciating pain, for the exposed and damaged nerve endings. Because of her lowered resistance and depressed condition only a minimum amount of analgesics could be administered. Codeine, a derivative of opium, was given occasionally when the pain

became very severe. The damaged areas were infected and sloughing, which means that the separation of the dead tissue from the living by means of suppuration was occurring.

As Marjory's face was charred, her eyes had to be given special care. A boracic solution, aided by oil or vaseline on the edges of the lids was used to prevent them from growing together. A mydriatic such as homatropine, was used to prevent adhesions forming in the iris, which, if it occurs, causes defective eyesight. This child's eyes were carefully tended and adhesions were prevented so that her eyes recovered satisfactorily.

The requisites are simple for the occlusion treatment of burns: a wax neutral in reaction, which will adhere to the skin and be sufficiently flexible not to crack at ordinary temperatures. The best results are obtained with a mixture of waxy substances which melt at different temperatures. Burns of the second degree and clean granulating wounds are suitably treated in this manner. The blisters are opened with sterile scissors at the lower border and the fluid allowed to escape in order to prevent infection. In granulated areas, secretion and crusts are washed off or removed with a dry sponge. The surface is dried best by an electric hot air blower, but an electric or ordinary fan may be used. Melted wax is then applied directly to the burn, including a margin of skin around it, by a special spray apparatus, water jacketed or electrically heated. A soft brush may be substituted. A layer of absorbent cotton is placed and impregnated with melted wax. Over all a dry cotton dressing is applied. The part should be immobilized. Infected and sloughing tissues do not do well under this treatment.

Areas on Marjory's lower extremities, which were very slow healing but were free from infection, were thus covered with a layer of wax. A clean dry charred burn should not be wet but dressed with a dry sterile dressing, lightly bandaged. In the dry treatment of burns no dressing is applied; the area is exposed to the air, protected from flies by a layer of gauze over a cradle. Marjory's face was therefore treated this way since the tannic acid had already been applied.

Some Precautions

Wounds caused by burns are usually infected because there is a large amount of dead tissue in which micro-organisms find an ideal breeding place. One of the dangers accompanying the separation of dead tissue from the living is hemorrhage which may prove fatal. During the stage of tissue separation, (second to fourteenth days) the temperature may become high, the pulse and respirations rapid, the appetite poor and the patient may suffer from general malaise due to toxic absorption.

The constitutional organs particularly affected are the kidneys which are the main avenue of elimination of waste materials. Because of the increased amount of wastes, and toxic substances due to the injury, the work of the kidneys is increased. Frequent urinalysis and a record of the intake and output of fluids will give an accurate amount of the kidney function. Marjory's kidneys carried on their work effectively as the reports indicated. Her urine remained sugar free and acetone negative. Only a slight trace of albumin showed but during and infection it is common to find a small amount of albumin because there is a destruction of cells.

Toxaemia, or toxins in the blood, is combatted by giving large amounts of water and fruit juices. Intravenous infusion of saline solutions or blood transfusions are sometimes resorted to. Marjory was given a transfusion of 450 cubic centimeters of blood and responded well to this treatment.

The gastro-intestinal tract is affected

by the toxins; the symptoms are nausea, vomiting, diarrhea, and ulcers may form due to the concentrated irritant bile. The best protection against ulceration is to place the patient on a bland diet of milk and products. This patient was given such a diet on which she did well because it was nourishing. In addition she was given great quantities of fruit juices to supply her body with the necessary fluids. Her intestines were kept free from irritating waste matter by rectal irrigations, mild cathartics and proctoclysis.

Injured areas, if allowed to come in close contact, may unite during healing and cause deformity. Marjory's fingers, to prevent webbing were, therefore, dressed with vaseline gauze and swathed in a sterile towel, each finger separated from the others. Contraction was prevented by careful splinting.

If granulation is impossible because of the extensive area involved, skin may be grafted, that is living cutaneous tissue removed from a healthy area and placed on the unhealed area. After several months of treatment there were such places on Marjory's legs, free from infection, but which showed slow progress in healing. A skin grafting was done and the dressings were moistened with normal saline but not disturbed, in order to give the tissues every chance of uniting. This treatment was a success and soon the areas were covered with new skin. Good nursing care was of the utmost importance in this case. The skin on her back and on bony prominences received special attention, was washed frequently, rubbed with alcohol and powdered. Air cushions and pads were used to relieve pressure where sores would have been the result of neglect.

She was turned frequently from her sides to her back; her chest and dorsal thoracic region were massaged twice daily with camphorated oil to prevent congestion of the pulmonary system. Bronchitis and pneumonia are complications caused by the inhalation of gases as well as the absorption of toxins. Infectious diseases such as cellulitis, erysipelas, and scarlet fever may become complications which are much feared.

What I Taught

The prognosis of a case, burned as extensively and severely as this girl was, is usually very poor. However, Marjory showed remarkable progress with no serious complication other than scar formation on her face, hands and feet. Her hands and feet will, with exercise, be practically normal. The scars on her face are disfiguring, but when she is fully developed, plastic surgery will remove much of the scar tissue and replace it with good skin.

Marjory was discharged after seven months of hospitalization with instructions to exercise, manipulate, and massage her hands and fingers. It is certain that she can resume her place in the home as a help, not a hindrance.

This patient had regular habits of hygiene, brushed her teeth regularly, drank no tea or coffee and, as mentioned before, had good habits of elimination. Marjory realizes that only co-operation on her part can do for her what remains undone. I tried to teach her to remain as cheerful and contented as she had been before this accident. Although this was hard to do, when she went home she had becomes less impatient and was willing to wait for the time when her disfigurement would be corrected.

What I Learned

Nursing Marjory taught me the terrible results of one careless moment. In regard to nursing care, I learned much about the procedures and techniques required in nursing burns, also the different degrees and extent of burns. The need for patience, close observation and carrying out every detail to the letter, was demonstrated to me very forcefully.

The Next Two Years

MARION LINDEBURGH,

Chairman, Section of Nursing Education, Canadian Nurses Association

FOLLOWING each Biennial Meeting of the Canadian Nurses Association, it is the practice of its Nursing Education Section to outline a plan of work for the ensuing two years which will serve as a guide in directing the activities of the nursing education sections in the several Provinces. Detailed statements concerning this plan have already been sent to the chairmen of the provincial Sections and the purpose of this and succeeding articles is to summarize these statements and thus to give clear information to nurses in general about what is being done to strengthen nursing education in Canada.

During the coming months three main projects will engage the attention of the Section. The first deals with the possible transformation of the Curriculum Committee into a Committee on Education; the second is concerned with the content of the curriculum; the third is related to the revision of the constitution and by-laws of the Section itself.

At a meeting of the Section of Nursing Education held in Vancouver, in July, 1936, it was proposed that the Curriculum Committee, now operating under that Section, should be re-named: "Committee on Education," and should become a national committee of the Canadian Nurses Association with representation from all Sections. The fact that all Sections are interested in education, undergraduate and graduate, is a strong argument in favour of having a central Committee on Education working directly under the auspices of the Canadian Nurses Association.

In this connection it should be pointed out that although the Curriculum Committee was originally organized under the Nursing Education Section, its functions have always been national in character and, during the whole period of curriculum construction the provincial presidents, together with the provincial convenors of the three Sections, comprised the personnel of the provincial subcommittees. Furthermore, at the Biennial Meeting, discussion of the curriculum took place in general meeting rather than as a part of the Nursing Education Section programme, thus affording all members of the Canadian Nurses Association as opportunity or participating. The effectiveness of such organization is so apparent that careful consideration should be given to the question of the Curriculum Committee becoming a permanent Committee on Education under the Canadian Nurses Association.

The special Committee on Instruction, operating under the Nursing Education Section, will immediately undertake a critical analysis of certain chapters of *A Proposed Curriculum for Schools of Nursing in Canada.* It has been suggested that the Section *as a whole* shall also study this publication with a view to formulating recommendations which will be helpful in the process of revision. Early in 1938, the convener of the Curriculum Committee will ask for returns in order that all suggestions and recommenda-

tions may be assembled and prepared for presentation at the next biennial meeting, in Halifax.

The Curriculum for Schools of Nursing in Canada is the result of four years of active and intensive work and, in its present form, is the reflection of the opinion of experienced nurses throughout the Dominion. A similar thoughtful deliberation should characterize the process of revision. Accordingly, any proposed changes should receive careful consideration and meet with general approval before being put into the form of recommendations.

The only change made in the constitution and by-laws of the Section of Nursing Education at the Biennial Meeting was the amendment of the membership clause, in order that its meaning might be clarified. A complete revision will be undertaken during the next two years and the proposed changes will be presented to the provincial sections for study and endorsation.

THE DOOR IS KEPT OPEN

It is good to know that the bazaar, sponsored by the Alumnae Association of the McGill School for Graduate Nurses, was an unqualified success. More than three thousand dollars was realized, thanks to the untiring efforts of a committee of management, under the able direction of the joint conveners, Miss Mary Samuel and Miss Catherine M. Ferguson. Other members of this committee, each of whom was responsible for the direction of a special activity were: Miss M. F. Hersey, Miss M. K. Holt, Miss M. L. Moag, Miss E. M. Beith, Miss M. Mathewson, Miss E. F. Upton.

E. Frances Upton

The event was happily launched by the Hon. Senator Cairine Wilson who came from Ottawa especially for the occasion. She was received by a committee composed of the nurses named above, together with the wife of the Principal of McGill University, Mrs. A. E. Morgan, Mrs. Robert Loring, Mrs. R. W. Reford, Dr. Helen R. Y. Reid, Mrs. C. F. Martin, Mrs. Walter Stewart, Mrs. Walter Vaughan, Miss Marion Lindeburgh, director of the School and Miss Eileen C. Flanagan, president of its Alumnae Association.

Senator Wilson, who was introduced to the audience by Miss Lindeburgh, gave high praise to the loyalty, energy and enterprize displayed by the alumnae of the School in their courageous struggle to keep the School open. Senator Wilson maintained that since the School meets a national need, the nurses should not be left to bear the entire burden but that the public should come to its aid. In the course of her remarks, Senator Wilson paid high tribute to Miss E. Frances Upton and to the finance committee of the Alumnae Association of the School of which she is the chairman. This well-deserved praise will give pleasure to many nurses

who have watched with admiration, the unquenchable enthusiasm and dogged perseverance displayed by Miss Upton in circumstances which would have daunted a less hardy spirit. In the dark days of 1933 she put her foot in the door and said: "It shall not close." It has not, and it will not. The School also owes a deep debt of gratitude to two women who served successively as its directors: Flora Madeline Shaw and Bertha M. Harmer. Both of them have passed beyond the veil but their spirit lives on. The present director, Marion Lindeburgh, is their worthy successor in a task which requires unusual capacity for leadership.

There is something about this school which proves the vitality of the cause to which it is dedicated. Poverty, ridicule, public indifference cannot prevail against the determination of nurses to educate themselves. The door is kept open, in spite of all.

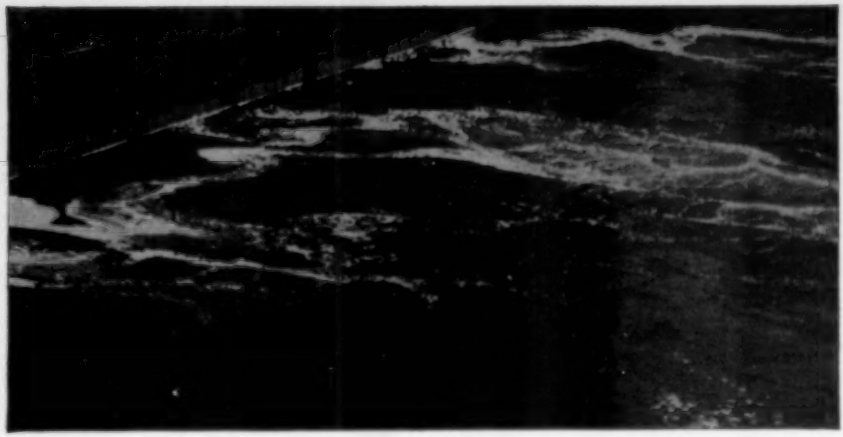
Book Reviews ★ ★ ★ ★ ★ ★ ★ ★

NURSING AS A PROFESSION, by ESTHER LUCILE BROWN, Department of Statistics, Russell Sage Foundation, New York. 120 Pages. Price seventy-five cents.

This monograph is one of a series sponsored by the Russell Sage Foundation concerning the status of established or emerging professions in the United States. Social work and professional engineering had already been dealt with before this study of nursing was undertaken. This small book is a veritable mine of information. In its pages will be found the essential findings of recent surveys and their most important recommendations. While giving full weight to Dr. Flexner's verdict that nursing is not a profession the author points out that it may become one: "Aside from its differentiation of its functions, there are further indications that nursing has progressed far toward professionalism. Later pages will point to the marked growth of group consciousness; the rapid development of public health nursing; the establishing of departments of nursing in colleges and universities; the raising of educational requirements for admission to most nursing schools; the strengthening of curricula; and the recent closing of many small and weak training institutions. These signs seem to show that nursing is moving in the same general direction as have medicine, dentistry, law, and teaching. As is the case in several of the older professions, the personnel of each type of nursing service exhibits varying degrees of ability to accept responsibility. Such a situation, however, does not preclude recognition of professional status for the group as a whole." The Russell Sage Foundation and the author herself deserve the sincere gratitude of all nurses for this dignified and informative study.

THE QUINTUPLETS' FIRST YEAR, by LOUISE DE KIRILINE. Published by the MacMillan Company of Canada. 221 Pages. Illustrated. Price $1.50.

We confess that we opened this book with some misgiving. The nauseating commercialized publicity which has and still does beat down on these five little girls did not make us eager to read any more about them. In her disarming preface, Madame de Kiriline created quite another atmosphere and we read the book with genuine enjoyment. While it is quite apparent that the author was fond of her little patients there is a refreshing lack of sentimentality. The weaving-in of the narrative with sound and sensible advice on infant care is most skilful. An excellent book for young mothers and for nurses, too.



"cast your bread . . ."

One would think that the high standard of ethics maintained by the medical profession should not be too high for the manufacturer of medicinal preparations who would minister to the needs of the profession. Unfortunately this desirable state is not always found and, from time to time, relatively untried, though potent products enjoy an extensive sale as the result of claims based on limited clinical evidence.

In an editorial in the Journal of the American Medical Association, under date of October 24th, there appear some interesting remarks concerning such occurrences which merit the attention of physicians. One paragraph in particular provides ample food for thought. " . . . A physician engaged in a busy practice who reads these glowing reports tends to undergo a transition from amazement to general interest, to acceptance, to clinical application. What he does not often see in print are the conservative reports, or the reports of failure."

As manufacturers, it has been our privilege for six years to make available the oestrogenic hormone Emmenin, elaborated by Dr. J. B. Collip in the Department of Biochemistry, McGill University. With a conservatism befitting such a background, our statements concerning Emmenin Liquid have been made with careful regard to all the clinical evidence, a policy which an international acceptance of Emmenin shows to have been a wise one.

Physicians will find Emmenin Liquid to be a reliable and effective oestrogenic substance in the treatment of menopausal disturbances, menstrual migraine and dysmenorrhoea. Unlike many such substances, it enjoys the added advantage of being fully orally-active. Emmenin, in liquid or tablet form, is now available at substantially reduced prices.

The recently-compiled bibliography of Emmenin is available to physicians who are interested.

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The Best Nurse in Town

JEAN L. CHURCH,
Chairman, Private Duty Section, Canadian Nurses Association

AS MEMBERS of the Private Duty Section of the Canadian Nurses Association, we are once agan in the mdst of a two-year period of work. I should like to take this opportunity of thanking its members for the privilege accorded me, of acting as the chairman of your Section for this present term, and I hope that every private duty nurse in Canada will remember that it is *her* Section, and do her part toward making our endeavours worth while.

In the revised by-laws of the Section, you will see that a committee on education has been formed within the Section. This committee hopes to be of material assistance to the provincial Sections and through them to the local private duty sections, in creating a desire among their members for continued study of all that is new in the nursing world. By more universal study of the general problems of nursing, the outlook of our particular group may be broadened and the exchange of ideas between groups greatly increased, to our mutual benefit.

It is abundantly manifest that the private duty nurses of Canada are not giving their wealth of ideas and support to their Association, to more than a small fraction of the possibilities. We have been passing through some very hard years, and undoubtedly we private duty nurses have felt the stress of the times to a greater degree than any group within our profession, because of the fact that we have no stated income upon which to plan our lives. The private duty group is the largest in the profession of nursing, and therefore, if we choose to work in concert and harmony, we have a proportionate measure of strength. The economic problem is peculiarly our problem, so far as the nursing world is concerned, because members of other groups have secured economic security in some degree, and can plan for the future.

We, therefore, have a special problem to face, and many hundreds of active minds which might be working to solve it. No small group in this Dominion could arrive at a solution which would be satisfactory for the whole. Local and provincial groups, however, can work out local solutions. News of such accomplishment might help other communities, if they knew what has been done elsewhere. The logical answer undoubtedly is: more work and less worry, which means a busy happy group. This would be a double blessing, because the more nurses who have work, the more sick folk will have care, and we shall gradually arrive at our ultimate goal when all the sick have the care they need.

Plans are under way, in every part of Canada, to make possible an increase in the extent of our service to the sick. The help of private duty nurses is required to make this extension a success, and just in the degree to which we lend our strength and co-operation in any experiments that are made, will we find benefit to ourselves. If we give our wholehearted support, it will make, perhaps, just the

amount of difference necessary to balance the scale on the side of success.

The work of the Private Duty Section cannot be made into a picture, with splashes of high colour interspersed with the drab, because, although we know the colours are there, in every nurse's daily experience, they are locked within her own mind by the very nature of our chosen type of service. The nurse who teaches student nurses, or goes about among the people, spreading the gospel of health, has concrete evidence which may be given, to show how she had advanced in many directions. The only way in which the private duty nurse may show to the world the advances she is making, is by the trail of happy hearts she leaves as she passes on in her career. Our reports cannot show this, but our communities can and do. To be: *the best nurse in town* could well be the ambition and objective of every private duty nurse in Canada.

Let us hope that when we meet as a National Section in Halifax in 1938, a survey of the situation will show a great advance in the quality and extent of service we have been privileged to give to our fellow-beings, and as a natural reflection, we will find a busy and happy throng of nurses.

NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY

Convener of the Nightingale Memorial Committee

Response to the appeal for donations to the Foundation has been quite gratifying recently and the Committee looks to the different provincial organizations to consider this worthy object when planning for their 1937 budget. If each Association gives a similar grant to that of 1936 the pledge for this year will be assured.

A recent visitor to Canada and to Canadian hospitals was Miss G. Holden, of the Canada Hospital at Nasik, India. Miss Holden, herself a Canadian, was returning to her post after a year spent at Florence Nightingale International House. While making an appeal for the pressing needs of this Missionary Hospital she added her enthusiastic appreciation of the Foundation and the generous way that the hospitals and public health organizations in London open their doors to International Students. Surely this is a fitting Memorial and worthy of our support.

Further contributions to the Fund have been received as follows:

Alberta

A. A., Holy Cross Hospital, Calgary	$10.00
Public Health Section, Alberta Association of Registered Nurses	10.00

British Columbia

Staff, R. W. Large Memorial Hospital, Bella Bella	6.00
Bulkley Valley District Hospital	2.00
Staff, St. Joseph's General Hospital, Comox	5.00
St. Mary's Hospital, Dawson, Yukon Territory	2.00
Staff, Fernie General Hospital	8.50
Nelson Registered Nurses Association	10.00
Staff, Revelstoke General Hospital	4.00
A.A., St. Paul's Hospital, Vancouver	20.00
A.A., Vancouver General Hospital	50.00
Staff, Vernon General Hospital	5.00
Overseas Nurses Association, Victoria	3.00
Student Nurses, Royal Jubilee, Hospital, Victoria	20.00
Graduate Staff, Royal Jubilee, Hospital, Victoria	10.25
General Duty Staff, Royal Jubilee Hospital, Victoria	2.25

Quebec

Eastern Townships Graduate Nurses Association	5.00

A Chance to be Converted

MADALENE BAKER
Private duty nurse, London, Ont.

UNTIL a few years ago, unemployment and criticism of nurses was virtually unknown. We private duty nurses felt professionally and economically secure in maintaining our individualism. We stood aloft and waited for business, which we believed would come to us. There was, as there still is, the same old line of distribution, the same old public silence and lack of advertising, the same old hours of duty, the same old individual business, automatically set up and apart from constructive direction and supervision, the same fee for the good nurse that the public must contribute for the poor nurse, the same absence of incentive to become more efficient because of no provision for growth in service.

Furthermore, we should admit that there is no fairness in a system (or I should say lack of system) which makes it necessary for the public and the members of the medical profession to take the initiative in attempting to secure the type of service they require by picking and choosing from the list of registrants the tested and proven product. This constant selecting has spelled tragedy to many nurses who do not deserve to be left sitting on the register. I have always maintained, and still maintain, that the remark: "good nurses are always busy" is not true. Doubtless some nurses who are seldom called on a case would pass the more popular ones by if they had been fortunate enough to get started, and it is not always the best nurses who are repeatedly called though we will admit that many cases are obtained on the merit of previous work.

Our group is confronted with two reasons for retarded progress—two reasons that need not be—two reasons that can be obliterated. The first and most prevalent is that of *indifference*—indifference to our nursing organizations—we take no steps to become members of nursing organizations that are fighting tooth and nail for our, the private duty nurses,' bread and butter. The first essential then, is to bury this indifference, and be sure we dig the hole deep enough, and place the required six feet of earth on top for permanency.

The second reason for retarded progress is the obstructionist. Ours is a profession and should be immune to the tactics of the obstructionist. The test of our grit and true worth is to be found in the way we meet our particular problems. Those nurses who are comfortably situated, because they are regularly employed, and who wish things to remain as they are during their lifetime with no consideration for others are betraying the human spirit by turning their backs on the great surge of progress. This group accepts the best that science has to offer in every other situation, but in professional advancement we fear they were born forty years too late. Would they enjoy pedalling a bicycle or riding in a horse-drawn buggy down Broadway, New York? Indeed they

Excerpts from an address to the private duty section of the Alumnae Association, School for Nurses, Toronto General Hospital.

would not—they request a cab with a radio in it—in fact they are just on the verge of demanding that the cab be air-conditioned—and for the life of me I cannot understand why they defend the outgrown methods that have helped to place us in the rut we are in to-day.

Now I propose to point out one of the most important avenues of progress for the private duty nurse. The plan is one you can begin work on tomorrow and put into operation before ninety days have elapsed if you like. This plan points toward more even distribution of work, and that is to divide the twenty-four hours into eight-hour periods. By adopting an eight-hour day, we give the public an opportunity of engaging professional service for that period of time most beneficial to the patients, and as a result, we find patients who require one nurse only, are enthusiastic, because they can procure her services at less cost, thus making it possible for them to have added days of service. Numerous home cases have come to our attention where the services of a practical nurse were dispensed with and a graduate employed. In many instances, patients employing one nurse only tell us that under the twelve-hour plan, special nurses would have been dispensed with at a much earlier date and some report that no nurse would have been engaged at all.

The acceptance of a somewhat smaller daily fee is necessary when three nurses are employed for a twenty-four service. Probably the most important factor to be considered is that the daily fee is no index of the income of the nurse, nor does it provide the figure for computing of income unless it is combined with the number of hours of employment in a given year. During the time we were attempting to get started on the eight-hour day in London a remark frequently heard was: "Why, I only worked twelve days last month and I simply could not have existed had it been necessary to accept a smaller fee per day." It is not fair to compare the fee of a twelve-hour day with the fee of an eight-hour service. True, we find our income lowered for one week, but take into consideration that hospital calls have increased 65% and we must see that our income will equal, and in a great many cases surpass, what was collected under the twelve-hour plan. This becomes increasingly clear when you consider that to give twenty-four hours nursing service under the eight-hour plan means an increase in calls of only 50%—that is a week's nursing service of twenty-four hours per day would mean fourteen nursing days under the twelve-hour plan, whereas under the eight-hour plan it would mean twenty-one nursing days, or an increase over the twelve-hour plan of 50%. Do not be skeptical—the majority of you do not stand to have your income lowered, but rather to have it increased. This, of course, does not apply to the nurse who works all the time—350 to 365 days in one year. We admire this nurse; we are pleased to have her belong to our group, but we do not think she should expect sympathy, and I think you will agree that the members of this very small group are not justified in resorting to the tactics of the obstructionist, thereby depriving some of their sister nurses of butter for their bread, and a piece of cake once in a while.

Some private duty nurses have been known to remark that we place ourselves on a par with the trained attendant in accepting a smaller fee daily. Well, I do not see how collecting $5.00 or $6.00 for which we must work twelve hours lends us any more prestige than collecting a proportionate fee for less hours of service. It is not the fee,

nor even the profession that gives dignity to the nurse, but the nurse who gives dignity to the profession. Other private duty nurses point out that we do not work every minute of the twelve-hour day and are of the opinion that time off between cases is sufficient to take care of our outside interests. I would say that, whether or not we are travelling up and down corridors at forty knots an hour, *we are on duty* and therefore responsible for the welfare of the patient. This responsibility cannot but entail anxiety and fatigue. Our best has been given at the end of eight hours; the other four are serviced it is true, but in a mechanical sort of fashion.

Some prominent doctors maintain that we are dependent on them for employment, but with all due respect to the medical men, they do not employ us for the sole purpose of giving us work, but rather to fill a real need created by the condition of the patients they attend. On the other hand, some doctors feel it is entirely a nurses' problem and therefore outside their sphere; some are slow with their approval, while others are critical, but when they observe the benefits they come to the top and help as they always have.

And now I will endeavour to paint a picture of the plan for the eight-hour day for private duty nurses on special cases. The schedule of hours in hospitals might be as follows: from 7 a.m. to 3 p.m. ; from 3 p.m. to 11 p.m.; from 11 p.m. to 7 a.m. For adjustment purposes, an eleven-hour day may be permitted for the first nurse on the case. A nurse going on duty in the afternoon and remaining until 11 p.m., may be permitted to take the next morning hours if the patient requests her to do so. This also is for adjustment purposes only and may not be repeated every other day. When only one or two nurses are on a case, deviation from the regular schedule may be permitted. Hours on duty must be consecutive, but they may be arranged from 8 a.m. to 4 p.m., or from 10 p.m. to 6 a.m. It is essential that the nurse come and go at such hours as street car service is available or not later than 11 p.m., and not earlier than 6 a.m.

The fee charged for eight-hour service would naturally vary in different localities, according to the fee charged for twelve-hour service. For instance, if the present fee for twelve hours of service is $6.00, plus three meals valued at $1.00, the amount paid by the patient for twenty-four hours of service is $14.00, each nurse receiving $7.00. Under the eight-hour plan, a nurse would receive $4.25 and one meal (valued at thirty-five cents) for eight hours of service. If the patient required continuous nursing care, three nurses would be employed at a total cost to him of $13.80. If the fee now charged is $5.00 and three meals for twelve hours of service, the nurse, under the new plan would receive $3.75 and one meal for eight hours of service. The cost to the patient for twenty-four hour service given by three nurses would thus be $12.30. In homes, any consecutive eight hours desired by the patient or doctor may be permitted, providing street car service is available for the nurses. This plan in almost its complete entirety is in successful operation in Sault Ste. Marie and London.

In conclusion I would say to those of you who are convinced of the fairness of the eight-hour day: *begin it now*. For those of you who are not certain whether you will like it or not but are convinced of its justice, *try it*. For those of you who do not approve of the eight-hour day, *attend your meetings and give yourselves a chance to be converted*.

How we Got the Eight-hour Day

M. J. Leslie
President, Nelson Registered Nurses Association, Nelson, B.C.

Some of our leaders are today engaged in a titanic struggle, that of introducing an eight-hour day among the most apathetic and unorganized section, of the Canadian Nurses Association, the private duty group. In the large cities their task is comparatively easy. The private duty nurses work through registries, and if the registries decree that their nurses may stay on duty only a certain number of hours, there is nothing an outsider can do to prevent it.

In smaller centres, the undertaking is much more difficult. The nurses work independently. The doctor, and often even the patient, is a personal friend, and the habit of expecting a nurse to work twelve, or even twenty-four hours, dies hard. Without a powerful backing of a registry, it is necessary to obtain the individual and unshakeable co-operation of every nurse in the district; and nurses are notoriously lacking in enterprise and *esprit de corps*.

We of the Nelson Registered Nurses Association are proud of our achievement. Without the aid of an organized registry, with nothing to back us except our own personal loyalty to our comrades, we have introduced and established a system of eight-hour duty which has proved acceptable to ourselves, to the doctors, and to the general public. We now offer the full story of our efforts, in the hope that it may be of help to those of our fellow-nurses who are striving to attain the same end.

In April, 1935, our Association sent a delegate to Vancouver to attend the annual meeting of the British Columbia Registered Nurses Association. In her report of that meeting, she stressed the work that our provincial organization was doing towards establishing an eight-hour day. It had been tried out and proved successful in Vancouver, Victoria, and New Westminster, and she could see no adequate reason why it should not be equally beneficial here.

We decided to act quickly, before the enthusiasm died down. A committee was appointed to work out details, and within a week we were able to present our plan to the Association, obtain its unanimous approval and promise of support, and announce the project to the doctors and the general public as a completed scheme. Only in this way could we safeguard ourselves against being persuaded, by appeals to our kindness of heart and sense of duty, into gradually breaking away from our promises and returning to twelve-hour duty.

This done, we proceeded to solidify our position. Our most valuable ally might be the Hospital. If we could persuade the authorities to make eight-hour duty compulsory for special nurses working in the institution, we would be protecting ourselves against outside nurses who did not understand our rules, and laying a firm foundation for our work in the rest of the city. A delegation was appointed to meet the hospital board and ask for their support. The result was not quite all that we had hoped for, but they promised to give us a chance to prove the worth of our plan, and through the loyalty of our own nurses and the staunch and unfailing support of the hospital superintendent, eight-hour duty for private nurses in the institution is now an accepted thing.

The next persons to be tackled were the doctors; and here, I am sorry to say, we met with our strongest opposition.

They were busy men, used to working with nurses on a twelve-hour shift, and they did not want the bother of changing their habits. They were convinced that the scheme would be a failure, but after some argument promised to give it their support. Since then they have most of them expressed themselves to be completely satisfied with the arrangement, and we feel sure that not one of them has ever found the new system a hindrance to him in his work.

Then, the general public. Here we met with surprisingly little difficulty. Through the local press, we had for some years kept the people of Nelson informed of the doings and aims of the Association, and when the time came for us to announce this important decision, we discovered that they were both interested in, and agreeable to our plan. We pointed out that a tired nurse is a danger to her patient, and explained that the new arrangement would not in any way add to the cost of nursing service,—as a matter of fact, it has lowered the cost, for many patients who would formerly have had to employ two twelve-hour nurses now find that they can manage very comfortably with two eight-hour,—and persons who had had experience with the twelve-hour system soon acknowledged the superiority of the new scheme.

Lastly, the nurses themselves. And herein lay our weakness. In our tiny and loosely-knit group, one nurse, allowing herself to be talked into taking twelve-hour duty, could in those early days have ruined the whole scheme. The rest of us would have been gradually forced into following suit, and our chance of establishing eight-hour duty would have been lost for ever. Luckily, no such thing happened. A resolution endorsing the plan was drawn up and signed by every member, and not a single one of us has ever deliberately broken her word.

We have had to make exceptions, of course. In the homes, it is often necessary to take ten-hour duty, although the time can sometimes be cut down to eight hours as the patient's condition improves. When twenty-four straight hours of nursing are required, three nurses are always employed. When the hours can be cut without endangering the patient, an adjustment is made to meet the individual case; but twelve-hour duty has been wiped completely off the map. In cases of emergency, or when the supply of nurses is inadequate, all rules go by the board; so that in no case is a patient ever allowed to suffer by the scheme.

Our scale of fees is simple. A straight charge of fifty cents an hour, with a minimum of one dollar for each visit. This not only allows us to adjust our charges exactly to the number of hours we work, but also simplifies the question of hourly nursing, which in a small centre like this must be handled by the private nurses group. Meals are supplied by the patient. A nurse working through for a straight eight hours is entitled to one meal. Ten hours, two meals. Nurses working broken hours are entitled to two meals, if their hours of duty happen to extend over the time when meals are usually served. We are willing to adjust our hours of work according to the needs of our patient; but in the case of a person requiring broken hours, or less than eight hours, we reserve the right to pass that patient over to a fellow-nurse and take a full-time case, should such an opportunity occur.

With the exception of a few easily-adjusted misunderstandings, there have been no hitches and very little friction. The hospital superintendent is enthusiastic. The doctors have grudgingly admitted the feasibility of our plan. The nurses themselves are whole-heartedly in favour of the arrangement,—and eight-hour duty for private duty nurses in Nelson has come to stay.

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Tisdall, Frederick F.
C.M.A.J., Vol. 33, No. 6, Dec. 1935, page 625

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Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

International Congress

A cordial invitation to attend the Congress of the International Council of Nurses in London, next July, has been received by the President of the Canadian Nurses Association, with whose approval the letter of invitation is published herewith:

39, Portland Place,
London, W.I.
4th. November, 1936

Dear Miss Simpson:

We write to express our earnest hope that you may be present at the Congress of the International Council of Nurses to be held in London in July, 1937. As President of your National Association of Nurses, you will have interested its members in the Congress, and what it should offer to the Nursing Profession as a whole.

A warm welcome awaits you in Great Britain and we trust that this opportunity for professional and social fellowship will be an incentive to our colleagues, the world over, to attend this Congress from which we hope we shall all obtain some fresh vision and inspiration; then indeed the International Council of Nurses will, once again, have fulfilled its aim, which is, to quote from its Constitution, to stand "for that full development of the human being and citizen in every nurse which shall best enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her. . . and to provide a means of communication between nurses of different nationalities; to provide opportunities for them to confer upon questions relating to the welfare of their patients for the interchange of international hospitality."

For the help and consideration you are giving to the work of the Congress, we thank you, and we earnestly hope to greet you personally in July, 1937.

Yours with cordial friendship,
(Sgd.) Alicia Lloyd Still, President,
International Council of Nurses.

(Sgd.) Ethel G. Fenwick, President
National Council of Nurses of Great Britain

As announced in these *Notes*, in November, the President is to attend the Congress, which will be held in 1937, at The Central Hall, Westminster, London, from July 19 to 24 inclusive. The hostess organization will be the National Council of Nurses of Great Britain, of which Mrs. Bedford Fenwick is President. The latter is chairman of the Congress Arrangements Committee, the personnel of which has been appointed from the hostess organization.

Nurses in Canada, to qualify for registration at the Congress, must belong to the Canadian Nurses Association, that is, hold membership in a provincial association of registered nurses. The National Association is required to certify the eligibility of registrants from Canada, while Thos. Cook and Son. Ltd., have been authorized by the International Council of Nurses to collect the Congress registration fee of ten shillings.

In co-operation with the Travel Agency of Thos. Cook and Son, the Association is organizing official Congress Tours. For the benefit of tour members, options are held on well located cabin, tourist and third class steamship reservations on S.S. Duchess of Richmond, sailing from Montreal, on July 9, and S.S. Empress of Britain, sailing from Quebec, on July 10, 1937. Early reservation of steamship accommodation is advised. The official options are subject to revision on February 15, after which date, it may be difficult to obtain as satisfactory accommodation. Please communicate with the Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, for information concerning the Official Tours and for application forms

for enrollment, and for identification certificate.

Executive Committee

The final meeting of the Executive Committee of the Canadian Nurses Association, in 1936, was held on Saturday, December 5, in Regina, Saskatchewan. In addition to the customary interim report by the Executive Secretary, detailed information was placed before the Executive Committee regarding arrangements for the Congress Tours, and the sale of *A Proposed Curriculum for Schools of Nursing in Canada*, of which, as at December 1, seventy-three percent of copies printed had been distributed.

The convenor of the Committee on National Enrolment of Nurses for Emergency Service reported that enrolment in the Provinces of Alberta, New Brunswick and Prince Edward Island substantially exceeds their quota. The Committee believes the condition of being "over quota" may be permitted in those Provinces until such time as other Provinces reach their maximum objective.

National Sections

Brief summaries of the reports from the chairmen of National Sections follow:

Private Duty: The Section's amended by-laws (1936), having been approved by the Executive Committee of the Canadian Nurses Association, appointments to newly created offices were recently made as follows: Second Vice-Chairman, Miss K. McCallum, Winnipeg; convenor, Education Committee, Miss M. Teulon, Vancouver.

Eight-hour duty is being actively discussed in Ottawa, Toronto and Hamilton. It is anticipated that a decisive vote will be taken soon. In St. Thomas, Ont. eight-hour duty is being given a four-months' trial while the twenty-hour day has been eliminated entirely.

Nursing Education: An outline of a plan of activity for the ensuing two years has been sent to the convenors of provincial sections. Included with that plan was a study outline relative to the revision of *A Proposed Curriculum for Schools of Nursing in Canada*. A critical study of special chapters is being undertaken by the Committee on Instruction.

Public Health: The Convener on Education has prepared a study outline for the provincial sections. The Manitoba section has discussed proposed ways and means by which, in collaboration with the Nursing Education Section, schools of nursing may be assisted in putting into operation the recommendations of the proposed Curriculum.

Provincial Associations

Interim reports from the federated units are here summarized:

The Alberta Association of Registered Nurses has established reciprocal arrangements for the registration of nurses with the General Nursing Councils for (1) England and Wales (2) Scotland.

The Registered Nurses Association of British Columbia announces that interest in *A Proposed Curriculum for Schools of Nursing in Canada* is province-wide.

The Manitoba Association of Registered Nurses has obtained the services of Miss Gertrude Hall, of the Department of Health and Public Welfare, for a period of one year to act as executive secretary and to make a survey of schools of nursing with a view to discovering the needs and to preparing the field for a training school adviser. The private duty nurses in Winnipeg, by a large majority, voted in favour of an eight-hour day for private duty nurses in hospitals. It was expected this new schedule would go into effect on December 15, 1936.

Early in December, the registrar of *The New Brunswick Association of Registered Nurses* completed an initial visit, in the form of a survey, of twelve schools of nursing. The consent of the

authorities of each hospital was obtained prior to the visit. One governing body withheld consent. The registrar reports that she was well received and found that all schools of nursing visited had advanced beyond the requirements of the twenty-year old Act for the Registration of Nurses and were desirous of further improvements.

On invitation of *The Registered Nurses Association of Nova Scotia*, the convenor of the Committee on Dominion Registration for Nurses in Canada, Miss E. MacP. Dickson, discussed Dominion Registration at an open meeting of the Association, held in Halifax.

The Registered Nurses Association of Ontario now retains the retiring President as an advisory member of the Board of Directors. Membership in Ontario has reached 2813, the highest in the history of the Association. The annual meeting of the Association will be held on March 31, April 1 and 2, 1937, in London, Ontario.

The Registered Nurses Association of Prince Edward Island arranged to have Miss E. MacP. Dickson address the members at a meeting in Charlottetown, her subject being Dominion Registration.

The Saskatchewan Registered Nurses Association announced, with regret, the resignation of Miss Ada Hubbell as executive secretary registrar and nursing school adviser. Miss Helen Wills is acting executive secretary and registrar. Preliminary to becoming active in a study of the re-organization of registries, a committee, appointed to make the study, undertook to learn of progress made in other Provinces. The Nursing Education Section have appointed conveners to sub-sections in four districts. Each convener has been asked to arrange for a refresher course in her district, early in 1937. The Private Duty Section sent to each sub-section, copies

On to London!

for the

International Council of Nurses

July 19 to 24, 1937

Choice steamship accommodations are now held for you at the lower rates in effect before October last . . . but the official options are subject to revision February 15, after which date the choice of accommodation may be limited. So book at once. Write to Miss Jean S. Wilson, Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, Quebec, for identification certificate and offer of accommodation.

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OFFICIAL TRAVEL AGENTS TO THE CANADIAN NURSES ASSOCIATION

of the report of the Committee on Functions and Standards in Private Duty Nursing, with a suggested list of subjects for jury panel discussions. An exclusive eight-hour day for private duty nurses in hospitals in Regina is proposed, as a six-months experiment, commencing early in 1937. The Regina sub-section studied "Nursing aspects of diabetes" at its December meeting, while in January, Dr. Lillian Chase will lecture on diabetes to the same group.

A Community Nursing Service Bureau will be opened on January 2, in the Medical Arts Building, Montreal, for an experimental period of one year. This venture is the result of two years' intensive study by a special committee representing *The Association of Registered Nurses of the Province of Quebec* and the Montreal Graduate Nurses Association. The annual meeting of the Provincial Association is to be held on February 10, 11 and 12, 1937, in Montreal.

AN IMPORTANT EXPERIMENT

On January 2, 1937, in the city of Montreal, for an experimental period of one year, a Nursing Service Bureau will be established which will have several interesting features. It will serve those members of the English-speaking population of Montreal who are in a position to pay for nursing service of a selected type and the kinds of service offered will include those provided by registered nurss and by subsidiary nursing personnel, both male and female.

The Montreal Graduate Uurses Association is actively participating in the project and has generously loaned the services of the staff of its Register. Its records, and other valuable facilities, will also be made available for the use of the Bureau which will be known as the Montreal Graduate Nurses Association Nursing Service Bureau.

The Bureau will be under the direction of Miss Flora Aileen George, who until recently was superintendent of nurses in the Woman's General Hospital, Montreal. Miss George is a graduate of the School of Nursing of the Sherbrooke Hospital, Sherbrooke, Que., and of the School for Graduate Nurses of McGill University, where she took the courses offered in teaching and administration. Associated with her will be Miss Ethel Clark who is also a graduate of the McGill School for Graduate Nurses and Miss Elspeth Gruer, an experienced and successful private duty nurse. Miss Clark and Miss Gruer have previously served as registrars for the Register of the Montreal Graduate Nurses Association. The fourth member of the staff will be Miss Margaret MacCallum, a graduate of the McGill School for Graduate Nurses and formerly instructor in the School of Nursing of the Homeopathic Hospital.

The Bureau will be conducted under the auspices of a Committee of Management, the chairman of which is Miss E. Frances Upton, executive secretary and registrar of the Association of Registered Nurses of the Province of Quebec. Other members of the committee are:

Miss Caroline V. Barrett, president, Association of Registered Nurses of the Province of Quebec;

Miss Esther M. Beith, executive director, Child Welfare Association of Montreal;

Miss A. Kathleen Bliss, chief registrar, Register of the Montreal Graduate Nurses Association;

Miss Marguerite Craig, president, Montreal Graduate Nurses Association;

Miss M. F. Hersey, Superintendent of Nurses, the Royal Victoria Hospital;

Miss M. L. Moag, superintendent, Greater Montreal District of the Victorian Order of Nurses;

Miss Lottie Urquhart, chairman, private duty section, Association of Registered Nurses of the Province of Quebec;

Miss C. M. Watling, past president, Montreal Graduate Nurses Association;

Miss Jean S. Wilson, executive secretary, Canadian Nurses Association.

A campaign of publicity concerning the Bureau is being carefully planned and a cordial invitation has been extended to physicians and nurses to visit the new offices which are situated at Suite 904, The Medical Arts Building, Sherbrooke St., West, Montreal.

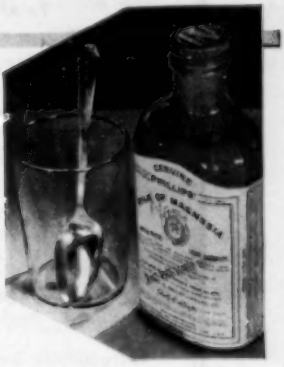
The progress of this courageous experiment will be watched with sympathetic interest by nurses in all parts of the country. Its success would go far toward broadening the usefulness of registries to the medical profession and to the public. That it has been initiated by registered nurses is something of which the members of our profession in Canada may be justly proud.

APPOINTMENTS

Miss Esther E. Lewis has been appointed to the teaching staff of the School for Nurses of the Montreal General Hospital as instructor in public health nursing. Miss Lewis received the degree of Bachelor of Arts from McGill University before entering upon her professional course in the School for Nurses of the Montreal General Hospital and, in addition, is a graduate of the McGill School for Graduate Nurses. For some years Miss Lewis has been a member of the supervisory staff of the Victorian Order of Nurses and has served in that capacity in Montreal and in London. She recently spent some time at the New York Hospital, where through the courtesy of the Director of the School of Nursing, Miss Anna D. Wolf, she was able to observe the excellent programme, directed by Miss Frost, in personal hygiene and public health for the benefit of the students of that school. This appointment is of special interest and significance. Already the recommendations expressed in *A Proposed Curriculum for Schools of Nursing in Canada* are being carried out in terms of action.

Miss Florence Howson, a graduate of the School of Nursing of St. Boniface Hospital, St. Boniface, Manitoba, has been appointed lady superintendent of the Portage la Prairie General Hospital. Until recently Miss Howson was superintendent of the Pine Falls Hospital.

PHILLIPS'
MILK OF MAGNESIA
in Colds



THE administration of an antacid in the treatment of colds has been recommended by many authors. Equally well established is the elimination produced by a mild laxative.

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To all our friends who read "The Canadian Nurse"

A Happy New Year

I see not a step before me as I tread on another year;
But I've left the Past in God's keeping—The Future His mercy shall clear;
And what looks dark in the distance may brighten as I draw near.
Mary Brainard.

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Manual of Public Health Nursing **$1.50**

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Principles & Practice of Public Health Nursing **$1.75**

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Coming Events

Annual Meeting in Ontario

The annual Meeting of the Registered Nurses Association of Ontario will take place in London, Ont., from March 31 to April 2, inclusive.

Annual Meeting in Quebec

The Annual Meeting of the Association of Registered Nurses of the Province of Quebec will take place in Montreal from February 10 to 12, inclusive.

Saskatchewan Refresher Course

Under the auspices of the Saskatchewan Registered Nurses Association, a refresher course will be offered to graduate nurses from January 27 to 29, inclusive. The refresher course will be held in Regina under the general direction of the local branch of the S.R.N.A. It will include round table discussions and lectures on various nursing aspects of specialized work in medicine. Programmes will be mailed to, and posted in the various hospitals throughout the Province. Further information may be obtained from Miss Aubra Cleaver, convener of the programme committee, Regina General Hospital, Regina, Sask.

Refresher Course Repeated

The Refresher Course for hospital staff nurses recently given under the auspices of the University of Toronto School of Nursing proved to be so popular that it will be repeated from January 27 to 30, inclusive. The principal topic will again be the Integration of Health Teaching in the Undergraduate Curriculum and will include a consideration of:

Integration in the field of education.
The content of health teaching.
Methods in health teaching as applied to the hospital.

The Course will consist of lecture, demonstration and discussion periods. Registration will be limited to fifty and reservations will be made in the order in which applications are received. The fee will be $3.00.

. . . OFF . . . DUTY . . .

Wreaths and garlands . . . are being twined these days . . . by way of tribute . . . to "the nurses of thirty years ago" . . . It seems that the close of the nineteenth century . . . was the Golden Age of nursing . . . and that never since . . . have such shining stars . . . trailed clouds of glory . . . across the sky . . . For a reason too painful . . . to dwell upon . . . this hero worship . . . interests us tremendously . . . Even dead stars . . . may glow in the beams . . . of reflected glory . . . and there can be no doubt whatever . . . that we were really very very bright . . . We knew it ourselves . . . and never under any circumstances hid our light . . . under a bushel . . . but blazed defiantly . . . even in the bitter wind . . . of the disapproval of our elders . . . But now there are times . . . when we are seized with misgiving . . . Were we really as good as all that? or do the mists . . . of time and distance . . . lend us a lustre . . . we never possessed . . . in our own right? . . . Sometimes we fear so . . . We seem to remember . . . that some of us were stupid . . . and some of us were slow . . . We were young and silly . . . and sallied forth on excursions . . . on bicycles . . . which were frowned upon . . as inconsistent with professional dignity . . . Indulgence in a waltz . . . exotically termed the "Cubanola Glide" . . . caused the judicious to grieve . . . and late leave to be cancelled . . . Eccentricities of coiffure . . . were dealt with . . . after morning prayers . . . with a severity which somehow failed to abolish them . . . (the eccentricities, we mean, not the prayers) . . . However we worked hard in the wards . . . and tried to give good care to the patients . . . especially on night duty . . . Nor do we believe that these homely virtues . . . are extinct today . . . In the course . . . of our editorial peregrinations . . . we make rounds . . . in a good many hospitals . . . and it seems to us . . . that the younger fry . . . are doing excellent work . . . The caps may be perched at a precarious angle . . . but the heads under them . . . are screwed on . . . the right way . . . and the hearts . . . though not worn on the sleeve . . . are nevertheless in the right place . . . Perhaps it was because . . . of our austere appearance . . . that we of the older generation . . . were taken more seriously . . . The study of our early photographs . . . confirms this gloomy view . . . Those voluminous aprons . . . and lined bodices . . . lent to those who wore them . . . the outward aspect of a Spartan fortitude . . . which all of us did not possess . . . The eager upward gaze . . . of our graduation picture . . . was not celestial aspiration . . . we were just trying . . . to keep our high collar from choking us . . . and so we must reluctantly confess . . . that if we told the honest truth . . . when asked "why isn't nursing as good as it used to be?" . . . there would be nothing for us to do . . . except to emulate "Punch" . . . You will remember . . . that the editor of that famous periodical . . . when asked why it wasn't as funny as it used to be . . . turned a mildly ironical eye upon his questioner . . . and murmured . . . "It never was" . . . E.J.

NEWS NOTES

ALBERTA

EDMONTON: Miss Marjorie Maynes, who graduated from the School of Nursing of the Royal Alexandra Hospital, Edmonton in 1934, and is the first nurse to have had experience in the Alder Flats Teaching Centre, is on leave of absence from the Nursing Branch of the Alberta Department of Public Health, and is taking a post-graduate course in public health nursing in the University of British Columbia.

Miss Evelyn M. Waddell, who graduated from the School of Nursing of the Calgary General Hospital in 1931, and is a member of the Nursing Branch of the Alberta Provincial Department of Public Health, is taking a postgraduate course in public health nursing at the School for Graduate Nurses of McGill University, Montreal.

Miss Olive F. Watherston, a member of the Nursing Branch, of the Alberta Provincial Department of Public Health, is on leave of absence. Miss Watherston sailed on Nov. 2 for Japan and Singapore en route for Sydney, Australia. She looks forward to having some experience in Bush nursing. Miss Watherston has been in several of the outpost district nursing centres in Alberta, and for several years has been the senior nurse of the Provincial Travelling Clinic.

BRITISH COLUMBIA

British Columbia public health nursing service: Miss Muriel Upshall, R.N., B.A.Sc., formerly in charge of the Public Health Nursing work in Nanaimo has been appointed as supervising nurse in connection wth the Metropolitan Health Unit. Miss M. Putman, R.N., B.A.Sc., a graduate of the public health nursing course, University of British Columbia, has been appointed as public health nurse for Nanaimo and district with Miss M. Morris as senior nurse. Miss G. Homfray, R.N., B.A.Sc., who has been supervisor of the Cowichan Health Centre, Duncan, for the past two years and previously was stationed as public health nurse in Chilliwack, has also been appointed as supervising nurse in connection with the Metropolitan Health Unit. Miss H. Kilpatrick, R.N., B.A.S.C., who has been located at Youbou for the past year, has been appointed supervisor of the Cowichan Health Centre in place of Miss Homfray. Miss A. Law, R.N., B.A.Sc., who has been on the staff of the Cowichan Health Centre for the past year, is taking charge of the work at Youbou. Miss Florence Barbaree, R.N., B.A.Sc., has been appointed to the staff of the Cowichan Health Centre in place of Miss Law.

VICTORIA: The following marriage has recently taken place.

Married: Recently, Miss Catherine Christine Murray (Royal Jubilee Hospital) to Mr. Wylie Spencer Grant.

MANITOBA

BRANDON: The Brandon Graduate Nurses Association recently held a meeting at the home of Mrs. Eldan Hannah, the married members of the Association being in charge. Mrs. R. Darrach introduced the guest speaker Rev. J. I. McKenney who gave a delightful talk on "Things as they are."

NEW BRUNSWICK

MONCTON: The annual meeting of the Moncton branch of the Registered Nurses Association of New Brunswick was held in the Nurses Home of the City Hospital, with a large attendance of members, old and new. The main business was the election of officers which resulted as follows: Honorary President, Miss A. J. MacMaster; president, Miss Florence Brean; vice-president, Mrs. DeBow; secretary, Miss Laura Steeves; convener, private duty section, Miss Lilith Reid; representative to *The Canadian Nurse*, Miss Florence B. Laite. Reports from the various officers showed a busy year. The annual Armistice Dance was held which was well patronized.

During the month of November a refresher course was held at Saint John for public health nurses. Miss E. Honeywell, school nurse, Miss R. Gunn, tuberculosis nurse and Misses S. N. Everitt and F. B. Laite of the Victorian Order attended. We were fortunate in having as our lecturers: Mrs. W. T. Mitchell, well known child psychologist, Miss Fyvie Young of the Canadian Welfare Council, Dr. Porter, a leading pediatrician of Saint John, Dr. Collins, the superintendent of the Saint John Tuber-

culosis Hospital, Miss Wetmore, dietitian, Saint John General Hospital. The course opened with an address by the Hon. Dr. Roberts, Provincial Minister of Health, and we were later given the opportunity of meeting Dr. Roberts at an informal reception. The last evening was spent in open discussion at a round table conference presided over by Dr. Warwick, chief medical officer of the Department of Health. To Miss Dykeman, Director of Public Health Nursing, and to Miss Winnifred Dawson, eastern supervisor of the Victorian Order of Nurses, we owe our appreciation for making it possible for such a splendid course to be given us, and we are looking forward to another in the not too distant future.

SAINT JOHN: At a recent meeting of the local chapter of the New Brunswick Association of Registered Nurses, Dr. Malcolm gave an excellent illustrated lecture on his recent visit to Vimy. Miss Sylvia Leonoff and Miss Helen Stuart have been appointed to the staff of the Saint John General Hospital. Miss G. Case has completed a postgraduate course at the Hospital for Sick Children, Toronto, and has been appointed to the staff of the Saint John General Hospital. Miss Margaret Darling (St. J. G. H.) is taking a course in public health nursing at the School of Nursing of the University of Toronto. Miss Charlotte Hume has accepted a position in the Provincial Hospital, Saint John.

ONTARIO

DISTRICT 1

LONDON: Miss Ethel Cryderman, President of the Registered Nurses Association of Ontario, was a guest in London recently to make preliminary arrangements for the convention which will be held at the Hotel London in 1937, from March 31 to April 2 inclusive. It is eleven years since the Association has held its convention in London and it is expected several hundred members will attend. To assist Miss Cryderman in the arrangements a local committee has been appointed with Miss Mildred Walker as convener. The Sisters of St. Joseph will be in charge of the professional exhibits and Mrs. Hedley V. Smith of the commercial exhibits.

Mrs. Hedley V. Smith entertained at tea in honour of Miss Cryderman. Mrs. Edgar

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Jeffery presided over the tea table assisted by Miss Jean Smith, Miss Mildred Walker, Miss Gretta Ross and Mrs. M. deGelat. The guests included representatives of all the local hospitals and Mrs. J. A. Dickinson, president of the Victoria Hospital Auxiliary. Mrs. Arnold Dillon and Mrs. John Labatt represented the St. Joseph's Hospital Auxiliary.

LONDON: The annual meeting of the Victoria Hospital Alumnae Association was held recently, with Miss Margaret McLaughlin, president, in the chair. The election of officers for the coming year resulted as follows: Honorary president, Miss H. Stuart; hon. vice-president, Mrs. A. E. Silverwood; president, Miss M. McLaughlin; first vice-president, Miss E. Swetnam; second vice-president, Miss C. Gillies; secretary, Miss M. Wilson; corresponding secretary, Miss K. Coulter; treasurer, Miss J. Monteith; visiting committee, Miss M. Richmond, Miss M. Benban; programme committee, Miss Erskine, Miss I. McKay, Miss R. Kester; nominating committee, Miss Florence Sutcliffe. The sum of $100.00 was voted by the Association to be divided among different organizations of the city which are in need of help.

DISTRICTS 2 AND 3

BRANTFORD: Miss Lillian Spence (B.G.H., 1934) assistant operating room supervisor, has resigned to be married. Miss Frances Morrison (B.G.H., 1936) will succeed her.

Kitchener-Waterloo Hospital: The following marriages have taken place:

Married: On Oct. 3, 1936. Miss Marjorie Litt (K-W.H., 1933) to Mr. Wilson Schmidt.

Married: On Oct. 16, 1936, Miss Elizabeth Wisler (K-W.H., 1934) to Dr. John Hagen.

Married: On Oct. 16, 1936, Miss Marjorie Gordanier (K-W.H., 1935) to Mr. Bertram Barthel.

DISTRICT 5

COLLINGWOOD: The November meeting of Chapter 2, District 5, R.N.A.O., was held at the Collingwood General and Marine Hospital, with thirty-six nurses in attendance and Miss Waterman presiding. Miss Waterman pointed out the benefits of, and the reasons why, we should belong to our Registered Nurses Association. It was decided to have a question box, so that problems of the different sections could be discussed. A silver collection was taken up at the tea hour, the proceeds to go to the Permanent Education Fund of District 5. Dr. Kay, of Collingwood, spoke for a few minutes on the qualities of a good nurse. Miss Shanahan, assistant superintendent of the Royal Victoria Hospital, Barrie, extended an invitation to hold the next meeting at the Royal Victoria Hospital; this invitation was unanimously accepted. The members of the Alumnae Association were hostesses at the tea hour.

TORONTO: A general meeting of District 5, Registered Nurses Association of Ontario, was held on Dec. 3, in the solarium of the Toronto Western Hospital. There were approximately 145 members present at the afternoon session at which Miss Austin, chairman of the district, presided. The members were informed that a new Chapter has been organized at a meeting held recently in Orillia, which will be known as Chapter 2. Miss Norena Mackenzie, a member of the teaching staff of the Hospital for Sick Children, gave an excellent address on "The presentation of the Proposed Curriculum." A brief meeting of the three Sections followed. High tea was served, and members of the staff of the Toronto Western Hospital assisted in looking after the guests. A tour of the central supply room, operating rooms, and X-ray department, preceded the evening session, when approximately 115 members attended. The guest speaker of the evening was Dr. Frank Day, who is a member of the Toronto branch of the League of Nations Society in Canada. His subject was "International Affairs." The next general meeting will be the Annual Meeting, the date of which will be announced later.

TORONTO: Dr. W. S. Caldwell, assistant director of the Ontario Red Cross Society, was the speaker at a meeting of the Alumnae Association of the University of Toronto School of Nursing held on Nov. 27. Speaking on health insurance, Dr. Caldwell outlined the history of the movement in various countries and said that an intensive study was being made at the present time by the Ontario Medical Association with relation to the needs of Ontario. Its purpose is to give leadership and to collect statistics which may prove of value to legislators in the working out of a compulsory scheme of health insurance for the Province. Dealing with the objections raised to a proposed voluntary scheme of health insurance, Dr. Caldwell expressed the unqualified opinion that a soundly organized and administered scheme of health insurance would undoubtedly ease the economic burden on many people of moderate incomes to whom the costs of medical care and hospitalization frequently represented a tragedy. Dr. Caldwell further pointed out that in spite of criticism levelled against existing schemes, in no country where health insurance had been inaugurated had it been dropped subsequently. In connection with the study being made in Ontario it was ascertained by questionnaire that over 90% of the physicians in the Province are favourably disposed to inauguration of some form of health insurance in the near future.

In presenting a report of the Special Fund Committee, the purpose of which is to raise

a considerable sum of money for the School over a period of years, Mrs. George Hanna intimated that the response to letters sent out to graduates of the School in Canada and in other countries had been disappointing to date. To over six hundred letters only thirty-five replies had been received. Mrs. Hanna made a plea that the objective of the first year of effort on behalf of the fund be reached by April 1, 1937.

A feature of the evening was the attendance for the first time, as alumnae of the School, of the first class in the three-year undergraduate course, who graduated a month ago.

TORONTO: Hospital for Sick Children Miss Mary Blackwood (1932) has been appointed supervisor of the paediatric department of the Hamilton General Hospital. Miss Kathleen Fortune (1931) has been appointed instructress on the staff of the Michigan Children's Hospital, Detroit. Miss Margaret Neilson (1935) has become instructress on the infant ward, H.S.C. Miss Winnifred Armstrong (1935) is on the staff of the private patients department, H.S.C. Miss Jean Sharp (1935) has been appointed to the Admitting Department, H.S.C. Miss Lucy Ashton (1935) has been appointed to the medical service, H.S.C. Miss Jean Masten (1930) has been appointed supervisor on the girls' surgical ward, H.S.C. Miss Isobel Chester (1931) is in charge of the outpatients department, H.S.C. Miss Mary Deck (1930) is assistant supervisor in the outpatients department, H.S.C. Miss Eleanor Baxter (1933) is in charge of the ear, nose and throat department, H.S.C. It is a matter of deep regret that for personal reasons Miss Mary McCamus was obliged to resign her position as instructress on the staff of the H.S.C. Mrs. Jean Montgomery (formerly Jean Stuart, 1934) is doing postgraduate work at the Strong Memorial Hospital in Rochester, N. Y.

Married: Recently, Miss Miriam Fryer (H.S.C., 1929) to Mr. R. Hamilton.

Married: Recently, Miss Viola Nelson (H.S.C., 1934) to Mr. A. Sparks.

Married: Recently, Miss Doris McIlroy H.S.C., 1933) to Mr. Franklin McCrae.

Married: Recently, Miss Grace Winger (H.S.C., 1930) to Mr. Jack Chillas.

TORONTO: On November 28, in connection with the patients' bazaar, tea was served by the nurses of the Grant Macdonald Alumnae Association. The proceeds were used for Christmas baskets.

DISTRICT 8

OTTAWA: The autumn meeting of District 8, Registered Nurses Association of Ontario, was held at the Ottawa General Hospital, the chairman, Miss Maude Hall,

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presiding. Miss Proulx led a lively discussion on the equipment needed by private duty nurses for nursing in the home. Reports were presented of the Biennial Meeting of the Canadian Nurses Association. The evening session was devoted to an address by Dr. C. A. Mitchell, of the Department of Agriculture, on the discovery of the circulation of the blood. Both sessions were well attended.

Ottawa Civic Hospital: The first meeting for the season of the Alumnae Association of the Ottawa Civic Hospital was held recently when reports of the Biennial Meeting of the Canadian Nurses Associaton were given by Miss E. B. Rogers and Miss Gertrude Ferguson.

Married: On Oct. 31, 1936, Miss Gertrude Moloney (O.C.H., 1927) to Capt. Percival Holt.

Married: On Nov. 7, 1936, Miss Gertrude MacDonald (O.C.H., 1929) to Mr. Ernest Holland.

Married: On Nov. 21, 1936, Miss Susan Allison (O.C.H., 1926) to Mr. James M. MacDonald.

Ottawa: Miss Mary Slinn was hostess to the members of the Lady Stanley Nurses Alumnae Association when the first meeting of the season was held. Miss Slinn presided, satisfactory reports were presented, and plans made for the year's work. Mrs. A. E. Mahood was chosen representative to the Local Council of Women. Miss J. Bowie placed a basket of poppies on the Nurses Memorial in the Peace Tower on Remembrance Day.

District 9

Sault Ste. Marie: Miss Margaret McCready, supervisor of visiting housekeepers, of Ontario Division of the Red Cross Society, addressed the November meeting of the Sault Ste. Marie Chapter, District 9, Registered Nurses Association of Ontario. At the close of the meeting a presentation was made to Mrs. E. W. West (née Anne Wesley).

Sault Ste. Marie: At the annual meeting of the Alumnae Association of the General Hospital the following officers were elected for the ensuing year: Honorary President, Rev. Sister St. Elizabeth, Superior of Hospital; president, Miss Lillian Goetbe; first vice-president, Mrs. Claude Coudert; second vice-president, Miss Yvonne Cloutier; secretary-treasurer, Miss Alma O'Connor; press reporter, Miss Lida Mooney. Miss Ethel McDonald (Plummer Memorial Hospital) has returned to Sault Ste. Marie after an absence of two years, and will resume her duties as private duty nurse. Miss Olive Reid (Plummer Memorial Hospital) has completed a postgraduate course at the Children's Memorial Hospital, Montreal.

Timmins: The following marriages have taken place recently:

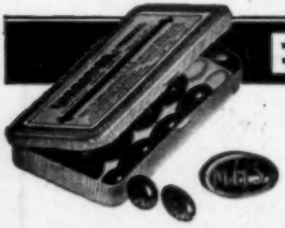
Married: On August 15, 1936, Miss Margaret Sweeney to Mr. Maurice Adam.

Married: Recently, Miss Grace Woodal to Mr. G. Hennessey.

QUEBEC

Montreals Children's Memorial Hospital. The following marriages have taken place:

Married: On November 15, 1936, Miss Edna Murray (C.M.H., 1932), to Mr. J. MacLeod Thomas.



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ALL DRUGGISTS AND GROCERS

Married: Recently, Miss Alice Bell (C.M.H., 1928) to Mr. A. R. Howard.

SHERBROOKE: At a recent meteing of the Alumnae Association of the Sherbrooke Hospital it was decided to assist with the bazaar which is being organized in support of the McGill School for Graduate Nurses. Mrs. Gordon MacKay, president, Mrs. H. E. Grundy and Miss M. Masson acted as hostesses.

Married: On August 22, 1936, Miss Alice Evelyn Lyster (Sherbrooke Hospital, 1927) to Mr. Harry E. Grundy.

SASKATCHEWAN

SASKATOON: The Saskatoon branch of the public health section of the Saskatchewan Registered Nurses Association recently held a dinner, at which Miss Margaret McGill gave an interesting lecture on the Vimy Pilgrimage.

Married: On Nov. 24, 1936, Miss Emma M. Pierce (S.C.H., 1934) to Mr. Allison McGeary Ross.

OVERSEAS NURSING SISTERS ASSOCIATION

Montreal Unit: On Sunday, Nov. 8, a group of twenty-four Sisters attended the annual parade Memorial Service held at the Melville Presbyterian Church, with the veterans of the C.A.M.C., and the officers and men of the Sixth and Ninth Field Ambulances. On Nov. 11, the Sisters of this Unit paid tribute, with other veteran organizations, to the memory of their comrades, and placed a wreath of poppies on the stone of memory. In the evening, the annual Remembrance Dinner took place, when Mrs. Beattie (Janet MacDonald) the acting president received the Sisters, seventy-one in number. Individual menu cards, of the army blue shade, with a picture of the Vimy Memorial were found at each place. Mrs. Beattie proposed the toast to the King, and Mrs. Stuart Ramsay the Silent Toast to our Sisters who also served, but have now passed onwards. War-time song were sung, with Frances Upton at the piano. The Vimy Pilgrimage was the keynote of the occasion and was eloquently described by Major Jim Humphrey, who took an active part in the arrangements for the Pilgrimage. Before telling of the activities at Vimy, and at the Garden Party at Buckingham Palace, Major Humphrey paid tribute to the Sisters saying: "I would not be here today, if it had not been for you." The evening closed with the showing of a film of the Pilgrimage by Mr. Fred Motton.

Ottawa Unit: The Ottawa Unit of the Overseas Nursing Sisters Association held their annual meeting and Remembrance Day dinner with an attendance of thirty. The following officers were re-elected: Honorary president: Matron-in-chief, Margaret MacDonald, R.R.C., LL.D., of Bailey's Brook, N. S.; honorary past president, Mrs. C. A. Young; president, Mrs. Gwendolyn Spalding, A.R.R.C.; secretary, Mrs. J. E. Holmes; treasurer, Miss Alison C. Dickison, R.R.C.; acting treasurer, Miss Mary MacGuire. Miss Mabel Lindsay resigned as vice-president, and Miss Elizabeth L. Smellie, C.B.E., R.R.C., was elected to that office. A feature of the meeting was the presence of Lady Perley, who gave an interesting talk on the unveiling of the Vimy Memorial. Lady Perley also gave a vivid description of other memorials and burial grounds in France and Belgium, and spoke feelingly of the Memorial in Edinburgh known as "The Call." A two-minute silence was observed in memory of the fallen.

Winnipeg: A meeting of the Winnipeg Unit, O.N.S.A., was held recently and arrangements were made to take part in the sale of poppies and in the Armistice Day Service. Mrs. McLeod gave an interesting talk on her visit to Vimy. The Armistice Day tea was held on November 11 when the guests were received by Miss G. Billyard, president, and Miss E. Parker, past president. Miss M. Cummings, formerly of the Tuxedo Hospital staff has returned to New

York, after a visit to Winnipeg. Mrs. C. Greenwood (née Myrtle Jephson) has returned to Edmonton. While in Winnipeg, she was entertained by several of her overseas friends and classmates.

VICTORIA: The annual meeting of the Victoria Unit of the Overseas Nursing Sisters Association took the form of a tea at which twenty-seven members were present together with four out-of-town guests. The president, Miss Kay, gave an excellent report of the year's work and made a plea for assistance in the care of needy veterans. A donation of three dollars was made to the Nightingale Memorial Fund. Mrs. O'Leary extended an invitation to join the Canadian Legion. Miss Meta Hodge gave an interesting account of her recent travels abroad.

+ + + Obituary + + +

BROPHY—The death occurred on November 10, 1937, of Sareh E. Brophy, a graduate of the School of Nursing of the Saint John Public Hospital and a member of the class of 1912. In her death the New Brunswick Association of Registered Nurses has lost one of its most faithful workers and friends. Following her graduation, Miss Brophy practised as a private duty nurse for about three years. Later she entered the public health field, specializing in tuberculosis. She gave freely of her time and strength to the provincial Association, serving continuously as a member of its Executive Council for more than eighteen years. She acted successively in the capacity of convener for the public health section and of convener of the committee in constitution and by-laws. Miss Brophy is deeply regretted by her friends and colleagues.

DUNNING—The death occurred on November 9, 1936, after a long illness borne with great courage, of Elizabeth Leathley Dunning (née Pattinson) a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the class of 1902. Previous to her marriage, Mrs. Dunning served as superintendent of the Hospital in Moosomin, Sask. She will be remembered for the many endearing qualities which found expression in her nursing service and which made such a loving and faithful wife and mother.

FERRON—On October 25, 1936, the death occurred of Carmela Ferron, a graduate of the School of Nursing of the Children's Memorial Hospital, Montreal, and a member of the class of 1928.

GALL—On November 6, 1936, the death occurred of Ethel Charlotte Gall, a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal. Miss Gall was connected with Dr. Armstrong's Voluntary Unit, which sailed from New York during May, 1915, and was linked with that Unit which was located at Le Panne, Belgium. Her military service overseas was entirely voluntary. She was actively interested in the Montreal Unit of the Overseas Nursing Sisters Association, and at the time of her death was a member of the Executive Committee. Her passing is deeply regretted by her comrades.

HARDY—The death occurred recently of Greta Hardy, a valued member of the Alumnae Association of the School of Nursing of the Victoria Hospital, London, Ont., and a graduate of the Institute of Public Health of the University of Western Ontario. At the time of her death Miss Hardy was a member of the London branch of the Victorian Order of Nurses.

MONROE—On September 15, 1936, the death occurred of Alice Munroe, a graduate of the School of Nursing of the Saint John General Hospital and a member of the class of 1936.

SHARPE—On November 24, 1936, in Montreal, the death occurred of Ethel M. Sharpe, a graduate of the School of Nursing of the Homeopathic Hospital, Montreal, and of the School for Graduate Nurses of McGill University. Miss Sharpe was for some years a valued member of the teaching staff of the School of Nursing of the Royal Victoria Hospital and was regarded as an excellent teacher by her colleagues and her students. For some time prior to her death she had given up the practice of her profession in order to devote herself to the tender care of her aged mother who pre-deceased her by only a few months. Miss Sharpe was an active member of the Local Council of Women and recently gave excellent service as the convener of its health committee.

WAGGONER—At her home in Ottawa, Ont., on October 21, 1936, the death occurred of Mrs. Stephen H. Waggoner (Emelin Florence Alexander) a graduate of the School for Nurses of the Montreal General Hospital and a member of the class of 1899.

Official Directory

International Council of Nurses

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CANADIAN NURSES ASSOCIATION

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Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

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Districts 2 and 3

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District 4

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners: Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Buckbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors*: Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners: Private Duty*, Miss W. Worth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

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Chairman, Miss M. Hall; Vice-Chairman, Miss K. Bayley; Secretary, Miss G. Tanner, Ottawa Civic Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg.; *Councillors*: Misses M. Downew, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners: Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9

Chairman, Miss H. E. Smith; Vice-Chairman, Miss Jean Smith; Sec.-Treas., Miss Robena Buchanan, Sanatarium P.O., Gravenhurst; *Councillors*: Misses E. Gordon, F. Farr, A. Quinlin, J. Thomas, S. Howard, Mrs. J. Stevens; *Conveners of Sections*: Private Duty, Miss M. Delaney; *Nursing Education*, Rev. Sister St. Irma.

District 10

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors;* Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLa'.e, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections*: *Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative* to *The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév. Soeur Marcellin; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (French), Rév. Soeur Allard Hôtel-Dieu de St. Joseph, Montréal; Vice-President (English), Miss Eileen C. Flanagan, Montreal Neurological Institute; Hon. Recording Secretary, Mademoiselle Alexina Marchessault, Ecole d'Hygiène sociale appliquée de l'Université de Montréal; Hon. Treasurer, Miss C. M. Ferguson, Alexandra Hospital, Montreal; *Members without office*: Miss Mabel K. Holt, Miss M. L. Moag, Rév. Soeur Gauthier, Mesdemoiselles Suzanne Giroux, Juliane Labelle; *Conveners of Sections*: *Private Duty* (English), Miss Lottie Urquhart, 1832 Lincoln Ave., Apt. 20; *Private Duty* (French), Mlle Juliane Labelle, 324 Carré St. Louis, Montréal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montréal; *Public Health* (bi-lingual), Miss Margaret I. Brady, Child Welfare Association of Montreal, Forum Bldg., Atwater Ave.; *Board of Examiners*: Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Miss Marie Des Barres, Shriners' Hospital, Montreal, Miss Katherine MacLennan, Royal Victoria College Montreal, Miss K. L. Annesley, Alexandra Hospital, Montreal, Mlle Edna Lynch, 4642 rue St. Denis, Montréal, Mlle M. Anysie Déland, Institut Bruchési, Montréal, Mlle Alexina Marchessault, Ecole d'Hygiène, avenue Maplewood, Montréal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Suite 1019, Medical Arts Building, Sherbrooke St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees*: *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Ada M. Hubbell, 1761 Scarth St., Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Miss L. Altrux; Secretary, Miss A. Young, 923-13th Ave. W.; Treasurer, Miss Mary Watt, Anderson Apts.

Edmonton Association of Graduate Nurses

President, Miss Blanche Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners*: *Membership*, Miss E. Rousom; *Visitng*, Mrs. W. A. Fraser; *Representatives*: to *Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Registered Nurses Association

President, Miss M. J. Leslie; First Vice-Pres., Mrs. J. G. Bennett; Second Vice-Pres., Miss M. Ahier; Sec., Miss J. McVicar, 623 Mill St., Nelson; Treas., Miss N. Passmore; *Committee Conveners*: *Programme*, Miss V. B. Eidt; *Social*, Miss S. Keeler; *Visitng*, Mrs. D. C. Fraser; *Membership*, Miss E. Higginbotham; *Ways and Means*, Mrs. M. Laing; *Private Duty*, Miss L. McVicar.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners*: *Membership*, Miss K. Stowe; *Press*, Miss J. Peele.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council*: Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners*: *Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives*: to *the Press*, Miss R. McLellan; to *Local Council of Women*, Miss M. Duffield, M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2823 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Convener*: *Private Duty Section*, Miss Higgens; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee Conveners: Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer, Miss Ruby Tinkiss, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Night Registrar, Miss Ethel Clark; Relief Registrar, Miss E. Gruer; *Convener*, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Registered Nurses Association

Hon. President, Mrs. M. Young; President, Miss J. Moir; First Vice-President, Miss J. Droppo; Second Vice-President, Miss L. Carter; Secretary-Treasurer, Miss E. Heglin, Ste. 202, Walter Scott Blk., Moose Jaw; Registrar, Mrs. Metcalfe; *Committees Nursing Education*, Mrs. M. Young, Rev. Sr. Veronica; *Public Health*, Miss Armstrong; *Private Duty*, Miss Coventry, Miss Ferguson; *Programme*, Miss O. McNabb; *Social*, Miss Evans; *Press*, Miss Reynolds; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss E. Carter.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

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Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive*: Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners: Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Allyn.

University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

Hon. President, Miss F. E. Welsh; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Miss L. I. Wright, Lamont Public Hospital; Corr. Sec., Miss F. E. Reid, 1009-20th Ave. W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 13th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealby; *Committee Conveners: Membership*, Miss M. Moffat; *Refreshment*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*, Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; Representative to V.G.N.A., Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

President, Miss E. Rossiter; First Vice-Pres., Miss D. Hibberson; Second Vice-Pres., Mrs. J. H. Russell; Secretary, Miss M. Dickson, 3770 Craigmillar; Assist-Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell; *Committees: Social*, Miss E. Bland; *Visiting*, Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

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MANITOBA

St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Cresby; President, Miss M. Meehan; First Vice-President, Miss S. Madill, Second Vice-President, Miss J. Williamson; Secretary, Miss D. Burrell, 421 Banning St.; Treasurer, Miss W. Grice, 92 Balmoral Place, Winnipeg; *Committee Conveners: Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss E. Margarson; *Press*, Miss Parkill; *Representatives*: to *Local Council of Women*, Mrs. C. Sharkey; Press Representative for the *M.A.R.N.* and *The Canadian Nurse*, Miss N. Banks.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener: Entertainment*, Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

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Winnipeg General Hospital, Winnipeg

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dian Nurse, Miss E. Honey, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John
Hon. President, Mrs. E. J. Mitchell; President, Mrs. F. M. McKelvey; First Vice-President, Mrs. H. Steel, Second Vice-President, Miss M. Fillmore; Treasurer, Miss K. Holt; Assistant Treasurer, Mrs. J. H. Vaughan; Secretary, Miss C. Gleeson, Nurses Residence, Saint John General Hospital; *Executive Committee*: Misses M. Murdoch, E. Henderson, J. E. Beyea, Mrs. G. L. Dunlop, J. Hemphill.

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NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay
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A.A., Victoria General Hospital, Halifax
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ONTARIO

A.A., Belleville General Hospital, Belleville
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A.A., Brockville General Hospital, Brockville
Hon. President, Miss E. Moffatt; President, H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton; Assistant Secretary, Miss H. Corbett, Pearl St. E.; Treasurer, Mrs. H. F. Vandusen; Representative to *The Canadian Nurse*, Miss M. Gardiner, Pearl St., W.

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A.A., St. Joseph's Hospital, Chatham
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A.A., Collingwood General and Marine Hospital Collingwood
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A.A., Cornwall General Hospital, Cornwall
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A.A., Galt Hospital, Galt
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A.A., Ross Memorial Hospital, Lindsay

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A.A., St. Joseph's Hospital, London

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A.A., Victoria Hospital, London

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A.A., Orillia Soldiers' Memorial Hospital, Orillia

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